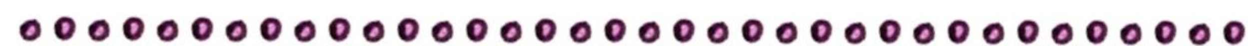
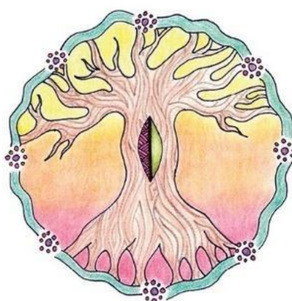
Navigating ‘conflict of interest’ issues in thin markets



Enabling Aboriginal and Torres Strait Islander community controlled organisations in the Aged Care sector

October 2020



NATIONAL ADVISORY GROUP ON ABORIGINAL AND TORRES STRAIT ISLANDER AGED CARE

Navigating 'conflict of interest' issues in thin markets:

Enabling Aboriginal and Torres Strait Islander community controlled organisations in the aged care sector.

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NAGATSIAC, October 2020

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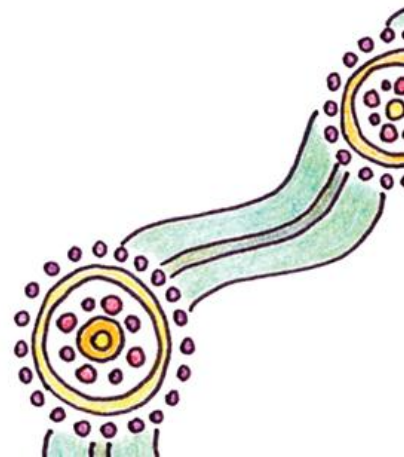


1.0 Executive Summary

The Commonwealth Government perceives a conflict of interest occurring in instances where Aboriginal community controlled organisations (ACCOs) provide aged care assessments to Aboriginal Elders and, subsequently, also provide aged care services to the same Elders. This may include ACCOs directly referring Elders to their own aged care services, and/or Elders choosing the same ACCO to be their service provider as was their assessor.

This perception of a conflict of interest represents a significant roadblock to the provision of culturally safe, trauma informed aged care services and supports for Elders.

This roadblock results from the Commonwealth Government's lack of a rights-based, equity focused approach to mediating the thin market for Indigenous aged care services. This problem can be solved by Commonwealth aged care system policy incorporating an understanding of how Elders' rights (including Self-determination and 'choice') and equitable access to essential services are inhibited by the current system and its economic and logistical limitations for ACCO health services and aged care providers.

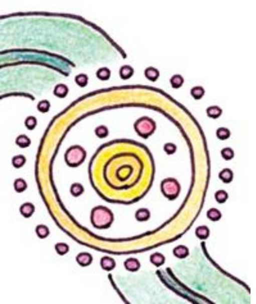
This paper presents an argument and strategy to overcome this roadblock. It outlines why allowing ACCO assessors to directly refer Elders to ACCO service providers, and in some cases even to the same ACCO provider they were assessed by, is not a conflict of interest. Rather, it is:

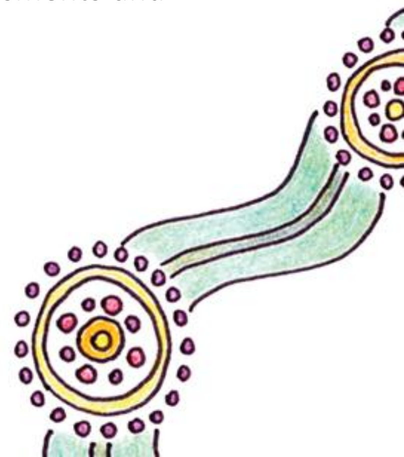
- the inevitable result of how 'thin' the market is for Indigenous aged care, which the government is responsible for mitigating in order to ensure provision of essential services;
- protects and upholds the human rights and indigenous rights of Elders as per the respective UN declarations to which Australia is signatory;
- crucial to providing Self-determination and choice to Elders;
- crucial to providing equitable and adequate aged care assessment and services to Elders.

This paper argues that the Commonwealth government needs to implement policy applying to Indigenous staff and ACCOs that allows ACCO assessors to:

- refer Elders to ACCO service providers,
- refer Elders to the same ACCO provider they were assessed by, if there are no other ACCOs providing the necessary/required aged care services locally.

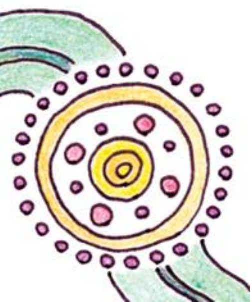
This policy would enable the ACCO sector to provide more of the culturally safe, trauma informed assessments and services to Elders that they so desperately need and want.

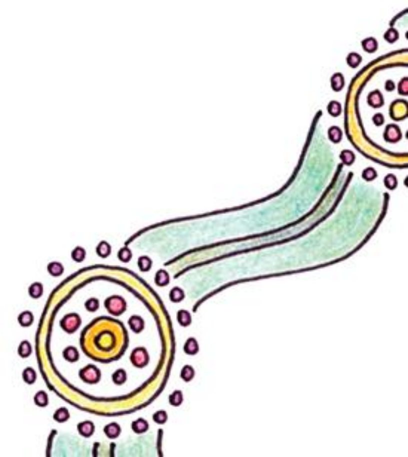




This policy change should be viewed as one of three necessary actions to enable the established ACCO infrastructure to upscale operations and workforce, so that ACCOs can provide for the aged care assessment and service needs of Elders, along with:

- establishing a stable, economically viable Indigenous aged care workforce, and
- increasing the availability of appropriate, flexible funding models for small-scale service providers to relatively small dispersed Indigenous populations, as the lack thereof currently inhibits ACCO providers of aged care and health care from becoming economically viable and expanding service provision in the current system.





2.0 Introduction

This paper presents an argument and strategy for government and aged care service providers to understand and navigate perceived 'conflict of interest' arguments and concerns in the 'thin' market of Aboriginal and Torres Strait Islander aged care providers. This pertains specifically to Aboriginal and Torres Strait Islander organisations who provide assessments and then directly refer clients to other Aboriginal and Torres Strait Islander aged care service providers, or their own aged care services.

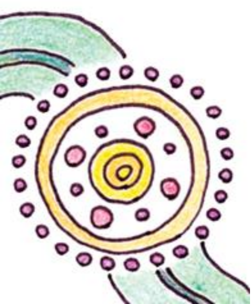
The National Advisory Group for Aboriginal and Torres Strait Islander Aged Care (NAGATSIAC) advocates that providing equitable access and services to Indigenous people aged 50 and over (henceforth 'Elders') can only be achieved by enabling Indigenous organisations (Aboriginal Community Controlled Organisations, henceforth 'ACCOs') and staff to deliver assessments and services to local Elders. This requires enabling growth in the ACCO aged care sector, i.e. enabling more ACCOs to deliver more and better services, which are culturally safe, to more Elders in their local region.

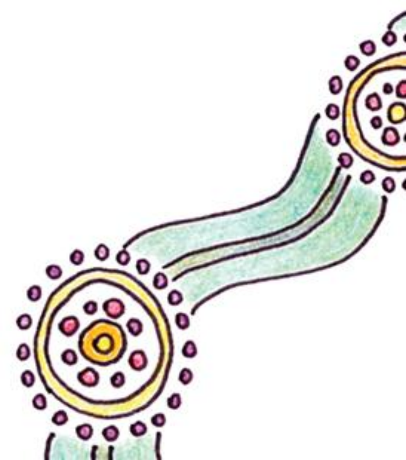
The NAGATSIAC argues that this growth can be achieved by adjusting the funding model of the aged care system so that it enables ACCOs, who have demonstrated the greatest capacity to build and operate an Indigenous workforce to provide culturally safe assessments and aged care. In this way the impending system redesign can support the aged care system to establish a culturally safe, trauma informed, Indigenous workforce to provide the care Elders want, need, and have the right to choose as their first preference. Options for doing so are discussed in detail in the accompanying NAGASTIAC paper: *'Our Care. Our Way: Transforming care pathways for Aboriginal and Torres Strait Islander Elders'*.[1]

The perception of a conflict of interest in the assessment process creates a significant roadblock in providing Elders with equitable access to assessment and services. This occurs in instances where ACCO assessors refer Elders directly to i) ACCO service providers, and ii) services provided by the same ACCO who provided the assessment.

This paper presents an argument and strategy to overcome this roadblock. It outlines why allowing ACCO assessors to refer Elders to ACCO service providers, and in some cases even to the same ACCO provider they were assessed by, is not a conflict of interest. Rather, it is:

- the inevitable result of how 'thin' the market is for Indigenous aged care, which the government is responsible for mitigating in order to ensure provision of essential services;
- protects and upholds the human rights and indigenous rights of Elders as per the respective UN declarations to which Australia is signatory;
- crucial to providing Self-determination and choice to Elders;
- crucial to providing equitable and adequate aged care assessment and services to Elders.





This paper argues that the Commonwealth government needs to implement policy applying to Indigenous staff and ACCOs that allows ACCO assessors to:

refer Elders to ACCO service providers,

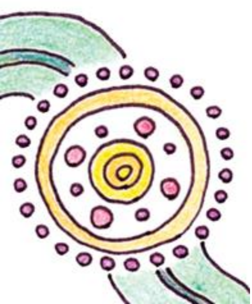
refer Elders to the same ACCO provider they were assessed by, if there are no other ACCOs providing the necessary/required aged care services locally.

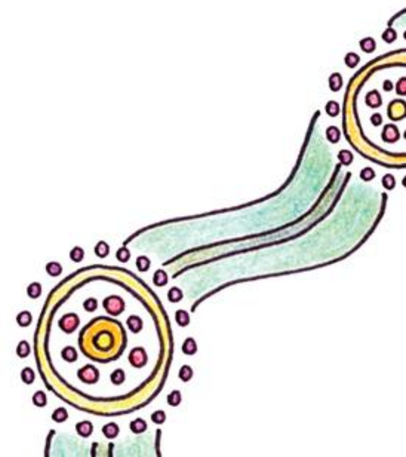
This policy will be referred to as ‘implement the relevant policy’ in this paper for brevity.

This paper uses ‘Indigenous’ to refer to ‘Aboriginal and Torres Strait Islander’; and ‘Elders’ to refer to Aboriginal and Torres Strait Islander Australians aged 50 years and over, as they are eligible for aged care services as of age 50.

Indigenous owned, staffed and run organizations are termed Aboriginal Community Controlled Organisations and are referred to by acronym as ‘ACCOs’. ACCO is used in this paper with reference to ACCO assessors (I.e. this includes ACCOs from whom assessment services are brokered by mainstream organisations, ACCOs who provide assessments, and RAS/ACAT teams with Indigenous assessors on staff) and ACCO aged care services providers.

For the purpose of this paper ‘ACCOs’ includes Aboriginal Community Controlled Health Organisations (ACCHOs) and Aboriginal Medical Services (AMSs).





3.0 The Problem

3.1 The perceived 'conflict of interest'

Concerns have been raised regarding possible conflicts of interest in circumstances where ACCO assessors refer Elders to ACCO service providers, which could be the same ACCO if it is the only one in the region.

This possible perception of a conflict of interest presents a significant roadblock in the provision of culturally safe, trauma informed aged care services for Elders.

This roadblock results from the Commonwealth Government's lack of a rights-based, equity focused approach to mediating the thin market for Indigenous aged care services. This problem can be overcome by Commonwealth aged care system policy incorporating an understanding of how Elders' rights (including Self-determination and 'choice') and equitable access to essential services are inhibited by the current system and its economic and logistical limitations for ACCO health services and aged care providers.

3.2 The market of Indigenous assessors and service providers is too 'thin'

Allowing ACCO assessors to refer Elders to ACCO service providers, and in some cases even to the same provider they were assessed by, is the inevitable result of how 'thin' the market is for ACCO aged care services.

For the purposes of this paper, a 'thin' market refers to a lack of service provider market depth. In short, there are not enough ACCO assessors and ACCO service providers available in the majority of regions across Australia for Elders to have the option to choose to be assessed by and/or cared for by Indigenous staff and ACCOs. It has been well established in the ACCO sector that Elders want to, and have better health and wellbeing outcomes, when they have access to culturally safe services which are most effectively delivered by ACCOs.[2]

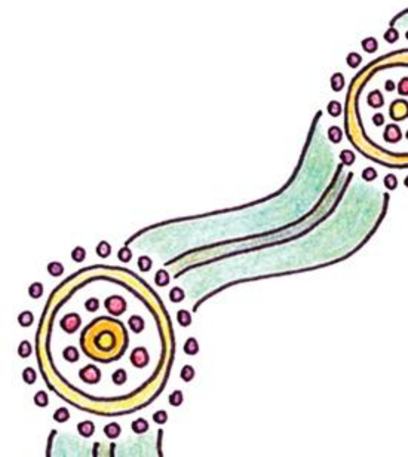
The effect of this thin market is that if an Elder is lucky enough to have access to an ACCO assessor then they will likely not have access to an ACCO service provider locally as well, and if so, it is likely to be the same organization that delivered their assessment (see Figure 1 below for details using Victoria as a case study, and figures 2 through 8 in the appendix for all other states and territories). This means that Elders have little chance of accessing the culturally safe services they have a right to (see section 4.1 on a rights-based approach to aged care) and need.

Elders not having access to culturally safe assessment and services by ACCOs results in significantly worse physical and mental health outcomes for Elders. This causal relationship is explained and evidenced in detail in the NAGATSIAC papers 'Our Care. Our Way: Transforming care pathways for Aboriginal and Torres Strait Islander Elders' and 'Our Care. Our Way: Background Paper', and also recently reinforced and validated by the University of Western Australia's 'Good Spirit, Good Life: A Quality of Life Tool and Framework for Older Aboriginal Peoples'[3] for use in the aged care sector to ensure culturally safe, accurate assessments for Elders.

There are sufficient mainstream assessment services, and aged care service providers, for non-Indigenous Australians to be

assessed by one organization and then referred to a choice of others to deliver their services. In this market, where there is ample choice of qualified providers in any given area, it is reasonable to consider that a business who assesses a client would have a conflict of interest if they then referred that client to services delivered by themselves. See Figure 1.

In contrast, there are so few ACCO assessors and ACCO service providers that most Elders do not have access to the former, nor the option of then being referred to a single one of the latter, let alone a choice of ACCO service providers. If an Elder is lucky enough to have access to an ACCO assessor and an ACCO service provider, it is not reasonable to argue that there is a conflict of interest without arguing directly against that Elder's right to choose ACCO providers, and therein to choose the greatest chance of having culturally safe and trauma informed care. That is to say, citing a conflict of interest in that instance constitutes arguing against Elders' rights to have the services they need delivered by a provider who is optimally, or even adequately qualified to deliver those services. See Figure 1.



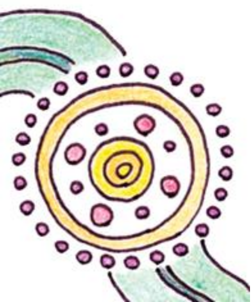


Figure 3. Mainstream and Indigenous aged care assessors, service providers and eligible population in Victoria.

Key insights

Ratio of eligible clients to residential providers in Victoria:
- 4,157 clients : 1 ACCO provider
- 1,181 clients : 1 mainstream provider

Victoria has 57,103 beds in mainstream, and 55 beds in ACCO residential care facilities. The ratio of eligible clients to residential beds available in Victoria is:
- 151 clients : 1 ACCO bed
- 16 clients : 1 mainstream bed

Ratio of eligible clients to home care providers in Victoria:
- 346 clients : 1 ACCO provider
- 1,285 clients : 1 mainstream provider

Ratio of eligible clients to short-term restorative care providers in Victoria:
- No ACCO providers
- 42,003 clients : 1 mainstream provider

Ratio of eligible clients to short-term transitional care providers in Victoria:
- 48,425 clients : 1 mainstream provider

This means that the 4,038 Elders in Melbourne have within reach:
- 1 RAS assessment service and no ACAT assessment service (i.e. for more extensive assessments / higher levels of care needs)
- 3 home care providers
- 1 residential care provider (with a 25 beds capacity)

The 4,224 Elders living in regional Victoria within reach:
- 1 RAS assessment service and no ACAT assessment service
- 1 residential provider (with a 30 bed capacity)
- 18 home care providers

Figure 1. Cont.

At June 2019 there were:
- 8,315 Indigenous Elders 50 years and over living in Victoria, and 22 ACCO aged care providers in the state
- 920,079 non-Indigenous people 65 years and over old living in Victoria, and 1,531 mainstream aged care providers in the state.[a]

Calculated as a ratio of the number of eligible people to the number of suitable providers in the state, there are
- 378 eligible Indigenous clients to each ACCO provider
- 600 eligible non-Indigenous clients to each mainstream provider.

These ratios shows that there are more ACCO providers, relative to the eligible client population (Elders) than there are mainstream providers relative to the non-Indigenous eligible client population. This suggests that Elders have greater access to aged care services than their non-Indigenous counterparts. However, when taking into account the geographical area over which these ratios exist and how much smaller the overall numbers of ACCOs and Elders are, a very different picture emerges. The overall number of ACCO providers is so much smaller than the number of mainstream providers (22 ACCOs compared to 1,531 mainstream) that, when distributed over the whole state, this results in severely limited access for Elders despite the *provider to clients* ratio suggesting adequate provision of services, and comparatively good provision of services compared to the mainstream market.

Of the 8,315 Victorian Elders aged 50 years and over:[b]
- 4,559 or 55% live in Melbourne and Geelong combined area (incl. no fixed address and offshore)
- 4,038 or 49% live in Melbourne alone
- 4,224 or 51% live in regional Victoria (incl. Geelong)
- 3,760 or 45% live in regional Victoria (excl. Geelong)

- 1,417 or 17% live in Loddon-Mallee and Grampians ACPRs[c] (North West, Bendigo and Ballarat SA4 regions)
- 819 or 9.8% live in Barwon-South Western ACRP (Warnambool and South West, and Geelong SA4 regions)
- 1,200 or 14.4% live in Hume ACPR (Hume and Shepparton ACPR regions)
- 795 or 9.5% live in Gippsland ACPR (Latrobe – Gippsland SA4 region)
- 678 or 8.1% live in Western Metro ACPR (Melbourne – West SA4 region)
- 1,390 or 16.7% live in Northern Metro ACPR (Melbourne – North East, Melbourne – North West, Melbourne- Inner SA4 regions)
- 1,271 or 15.3% live in Southern Metro ACPR (Melbourne – Inner South, Melbourne – South East, and Mornington Peninsula SA4 regions)
- 1,205 or 14.5% live in Eastern Metro ACPR (Melbourne – Inner East and Melbourne – Outer East SA4 regions)
- 53 had no fixed address or were offshore

There are only two Aboriginal specific RAS assessment services in Victoria, and the majority of assessment services (RAS and ACAT) do not employ Aboriginal assessors or have partnerships with local ACCOs to deliver a culturally safe assessment.
- Rumbalara in Mooroopna (Regional Vic)
- Aboriginal Advancement League in Thornbury Melbourne (Metro Vic)
- There is no Aboriginal specific ACAT in Victoria

In the Loddon-Mallee and Grampians ACPRs, 17% of total, eligible, Indigenous clients have access to 13.6% of providers:
- 3 home care providers (in Robinvale, Horsham and Ballarat)

In the Barwon-South Western ACRP, 9.8% of total, eligible, Indigenous clients have access to 18.1% of providers:
- 4 home care providers (in Geelong Region, Warrnambool, Heywood/Hamilton and Purnim)

In the Hume ACRP, 14.4% of total, eligible, Indigenous clients have access to 31.8% of providers:
- 7 providers: 6 home care providers (operating under the Rumbalara collective in Mooroopna, and Shepparton); 1 residential care providers with a total of 30 available beds.

Sources for Figure 1 data:
a. Population data source: 2016 Census of Population and Housing Data Set, 'INGP Indigenous Status by SA4 (UR) by AGE10P - Age in Ten Year Groups', Census Tablebuilder, Australian Bureau of Statistics.
Provider data source: Department of Health, 'Custom data request', Australian Government.
b. 2016 Census of Population and Housing Data Set, 'INGP Indigenous Status by SA4 (UR) by AGE10P - Age in Ten Year Groups', Census Tablebuilder.
c. ACPR Maps: Department of Health, '2018 Aged Care Planning Region maps', Australian Government (online), accessed at https://www.health.gov.au/resources/collections/2018-aged-care-planning-region-maps

Figure 1. Cont.

In the Gippsland ACRP, 9.5% of total, eligible, Indigenous clients have access to 22.7% of providers:
- 5 home care providers (in Cann River, Bairnsdale, Sale, Lake Tyres)

In the Western Metro ACRP, 8.1% of total, eligible, Indigenous clients have access to 0% of providers:
- 0

In the Northern Metro ACRP, 16.7% of total, eligible, Indigenous clients have access to 9.1% of providers:
- 2 providers: 2 home care providers; 1 residential care provider with a total of 25 available beds. [note: 1 of these provides both residential and home care, hence the sum does not equal the total 2]

In the Southern Metro ACRP, 15.3% of total, eligible, Indigenous clients have access to 4.5% of providers:
- 1 home care provider

In the Eastern Metro ACRP, 14.5% of total, eligible, Indigenous clients have access to 0% of providers:
- 0

There are no ACCO providers in the Western Metro and Eastern Metro ACPRs. There are 1,883 eligible clients living in these ACPR's.[e] That is 23% of the total, eligible, Indigenous, Victorian clients living in an ACPR with no ACCO providers of any kind at all.

In metro Melbourne, 49% of Victoria's eligible clients have access to only 3 providers, which is just 14% of Vic ACCO providers. Metro Melbourne is a large area, covering over 9990km^2.[c] In this entire area there is just:
- 1 ACCO home care provider located in the Southern Metro ACPR (Bentleigh), and 2 located in the inner North (Fitzroy and Brunswick East)
- 1 ACCO residential provider is located in the Northern Metro ACPR (Brunswick East).

It is clear from this data breakdown that the ratio of Elders to ACCO providers in Victoria does not reflect a true assessment of the access Elder shave to providers, given how thinly the population and ACCO assessor/provider market are spread over the large geographic area of the state.

Sources for Figure 1 data:
c. Victoria State Government, ' Live in Melbourne', (online) accessed at: <https://liveinmelbourne.vic.gov.au/discover/melbourne-victoria/metropolitan-melbourne#>

Figure 3. Cont.

In order to compare the mainstream population and market, the non-Indigenous data breaks down as follows.

Of the 920,079 non-Indigenous Victorians aged 65 years and over:[f]
- 680,134 or 74% live in Melbourne and Geelong combined area (incl. no fixed address and offshore)
- 239,944 or 26% live in regional Victoria.

Of the 1,533 service providers in Victoria:[g]
- 942 are in metro Melbourne: 458 residential care providers with a total of 38,810 available beds, 460 home care providers, 12 short-term restorative care, 10 transition care
- 591 are in regional Victoria: 321 residential care providers with a total of 17,953 available beds, 256 home care providers, 8 short-term restorative care, 9 transition care. [note: 4 of these provided both home and residential care, and 11 provided residential care and other services, hence the sum does not equal the total 591]

This means that the 680,134 non-Indigenous Victorians aged 65 years and over in metro Melbourne have within reach:
- [waiting on Vic DHHS data request re: RAS] X RAS assessment services[h] and 7 ACAT assessment services (i.e. for more extensive assessments / higher levels of care needs)[i]
- 458 residential care providers with a total of 38,810 available beds, 460 home care providers, 12 short-term restorative care, 10 transition care

The 239,944 non-Indigenous Victorians aged 65 years and over living in regional Victoria within reach:
- [waiting on Vic DHHS data request re: RAS] X RAS assessment service and 11 ACAT assessment service
- 321 residential care providers with a total of 17,953 available beds, 256 home care providers, 8 short-term restorative care providers, 9 transition care providers.

Within metro Melbourne, 74% of Victoria's eligible, non-indigenous clients have access to 61% of providers. The aged care planning regions in metro Melbourne, and the number of services available in each are:[j]
- Northern Metro: 184 providers: 83 home care providers; 95 residential care providers with a total of 7,672 available beds; 2 short-term restorative care providers with a total of 38 available beds; 2 transitional care providers with a total of 117 available beds; 1 innovation pool provider with 4 beds.
- Southern Metro: 309 providers: 148 home care providers; 156 residential care providers with a total of 13,447 available beds; 2 short-term restorative care providers with a total of 20 available beds; 3 transitional care providers with a total of 227 available beds.
- Eastern Metro: 271 providers: 127 home care providers; 137 residential care providers with a total of 11,677 available beds; 5 short-term restorative care providers with a total of 43 available beds; 2 transitional care providers with a total of 155 available beds.
- Western Metro: 102 providers: 127 home care providers; 70 residential care providers with a total of 6,014 available beds; 3 short-term restorative care providers with a total of 38 available beds; 3 transitional care providers with a total of 137 available beds.

In regional Victoria, 26% of Victoria's eligible, non-indigenous clients have access to 38% of providers. The aged care planning regions in regional Victoria, and the number of service providers available in each are:[k]
- Barwon South Western: 139 providers: 59 home care providers; 73 residential care providers with a total of 4,977 available beds [note: 1 of these provided both home and residential care, and 1 provided residential care and other services, hence the sum does not equal the total 73]; 3 short-term restorative care providers with a total of 23 available beds; 4 transitional care providers with a total of 85 available beds.
- Gippsland: 98 providers: 42 home care providers; 54 residential care providers with a total of 3,501 available beds; 1 short-term restorative care provider with a total of 5 available beds; 1 transitional care provider with a total of 42 available beds.
- Grampians: 104 providers: 36 home care providers; 65 residential care providers with a total of 2,708 available beds; 2 short-term restorative care providers; 1 transitional care providers with a total of 63 available beds.
- Hume: 147 providers: 86 home care providers; 59 residential care providers with a total of 3,224 available beds [note: 1 of these provided both home and residential care, and 3 provided residential care and other services, hence the sum does not equal the total 3,224]; 1 short-term restorative care providers with a total of 11 available beds; 1 transitional care providers with a total of 73 available beds.
- Loddon Mallee: 103 providers: 30 home care providers; 70 residential care providers with a total of 3,883 available beds [note: 2 of these provided both home and residential care, and 2 provided residential care and other services, hence the sum does not equal the total 3,883]; 1 short-term restorative care providers with a total of 8 available beds; 2 transitional care providers with a total of 101 available beds.

f. Population data source: 2016 Census of Population and Housing Data Set, 'INGP Indigenous Status by SA4 (UR) by AGE10P - Age in Ten Year Groups', Census Tablebuilder, Australian Bureau of Statistics.
g. Australian Institute of Health and Welfare, 'Aged care service list: 30 June 2019', Australian Government (online), accessed at: https://www.gen-agedcaredata.gov.au/Resources/Access-data/2019/September/Aged-care-service-list-30-June-2019
h. [waiting on Vic DHHS data request re: RAS]
i. ACAS data: Commonwealth Department of Health, custom data request by NAGATSIAC, 2020

4.0 The Solution

4.1 A rights-based approach to navigating thin markets

Allowing ACCO assessors to refer Elders directly to ACCO providers, and in some cases even to the same provider they were assessed by, protects and upholds the human rights and Indigenous rights of Elders as per the respective UN declarations to which Australia is signatory. It is the responsibility of the Commonwealth to do this.

The rights of Elders to have access to ACCO assessors and service providers, despite the limited market supply of either and even if it requires assessment and service provision by the same ACCO, must be understood as the inevitable result of how thin the market is for Indigenous aged care. These rights cannot be justified as a necessary casualty of the status of this market. Rather, governments need to protect and uphold their rights in the context of this thin market.

The UN Universal Declaration of Human Rights, to which Australia is signatory, states that rights are in

> "recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world."[4]

Rights can therefore not be contingent on the status of a market nor any other factor or context external to human personhood, and do not become 'optional' for governments to supply and defend due to a limited market supply of the services required to uphold those rights.[5]

The responsibility of Australian governments to provide equitable access to culturally safe and effective assessment and services for Elders is codified in two of the UN rights declarations to which Australia is signatory:

- United Nations Declaration on the Rights of Indigenous Peoples[6]
- United Nations Universal Declaration of Human Rights[7]

Figures three and 4 below detail how upholding these two declarations is directly aligned with implementing policies and mechanisms to enable Indigenous staff and ACCOs to provide assessments and services to Elders whenever possible, and even in instances where it would constitute a conflict of interest for a mainstream provider – for whom the market of qualified providers is not so limited.

Figure 3. Alignment of the United Nations Declaration on the Rights of Indigenous Peoples with allowing Indigenous organisations to provide aged care services

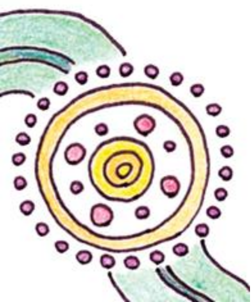
Article	How each article supports and justifies implementing policy and mechanisms to enable Indigenous staff and ACCOs to provide assessments and services to Elders despite the thin market. This includes cases where they need to refer Elders to services provided by the same ACCO who provided their assessment, or to another ACCO. *These policy and mechanisms will be referred to in Figure 3 as 'implementing relevant policy' for brevity.
Art. 2. Indigenous peoples and individuals are free and equal to all other peoples and individuals and have the right to be free from any kind of discrimination, in the exercise of their rights, in particular that based on their indigenous origin or identity.	Given the thin market and significantly worse rates of chronic health conditions, dementia and shorter life expectancy of Elders, it is discriminatory if a government does not make concession for ACCOs to deliver services to Elders when we know ACCO services improve health outcomes for Elders significantly compared to mainstream services. If this approach was applied to the provision of welfare in Australia, there would be no welfare provision, nor means testing to identify people in need or welfare support because, in theory, people all have the same right to support regardless of socio-economic factors. I.e. every citizen is entitled to the same amount of financial support per person, or, no one is entitled to any financial support. This is clearly not the logic guiding social services in Australia, and nor should it guide aged cares services if older Australians are afforded the same dignity, worth and rights afforded younger Australians.
Art. 3. Indigenous peoples have the right to self-determination. By virtue of that right they freely determine their political status and freely pursue their economic, social and cultural development.	Elders have consistently reported vastly preferring to be assessed and cared for by ACCOs and local Indigenous staff. This both results in better physical and mental health outcomes, and life expectancy for them. It also enables them to continue practicing their crucial role in Community, as teachers and maintainers of Culture, language and identity. Enabling the ACCO sector to deliver services to Elders, when it is what they want and need to survive, protects the right to Self-determination both for Elders and the Communities with whom they belong.
Art. 7. Indigenous individuals have the rights to life, physical and mental integrity, liberty and security of person.	Safe and adequate aged care services prolong life. Elders whose needs are not met are at significant risk of dying younger, due to: i) services not meeting their basic, physical and material needs (due to lack of cultural safety in assessment processes resulting in inaccurate assessment), ii) culturally unsafe services retraumatizing Elders, which negatively impacts physical and mental health outcomes, iii) Elders not engaging with

Figure 3. Cont.

Art. 7. Indigenous individuals have the rights to life, physical and mental integrity, liberty and security of person.	the aged care system due to concerns about culturally unsafe staff and services at mainstream providers and ACAT/RAS teams. Elders have a right to life. Enabling ACCOs to deliver the culturally safe, trauma informed assessments and services they need directly prolongs their lives and protects this right, given Elders' willingness to engage with culturally safe services provided by ACCOs. Conversely, Elders are more likely not to approach, or to disengage from services that are not culturally safe.[8]
Art. 11.2. States shall provide redress through effective mechanisms, which may include restitution, developed in conjunction with indigenous peoples, with respect to their cultural, intellectual, religious and spiritual property taken without their free, prior and informed consent or in violation of their laws, traditions and customs.	Government policies, such as those responsible for the Stolen Generations being removed from their families and communities and forbidden to learn or participate in their languages and culture, caused the significantly worse physical and mental health experienced by Elders compared to older, non-Indigenous Australians. This was due to Stolen Generation being forbidden to learn or participate in their languages and culture. By 2023, all Stolen Generations survivors will be eligible for aged care.[9] Providing adequate and safe aged care enables better quality of life, longer life. For Aboriginal Elders 'adequate' care encompasses the maintenance of connection to Culture, Community and Country. Elders are the keepers and teachers of Culture, Community and connection to Country, thereby enabling the survival of Aboriginal and Torres Strait Islander cultures and identities in Australia. The colonial Australian state forcibly lost and stole Culture, identity and connection to Country and Community from Indigenous Australians through its 'White Australia' policies. Enabling ACCOs to deliver assessments and services that enabled Elders, can surely be understood as a contribution to restitution of what Elders and their Communities have suffered at the hands of the colonial Australian state, since this enables Elders to ensure the Culture and identity of entire Communities to survive.
Art. 13. Indigenous peoples have the right to revitalize, use, develop and transmit to future generations their histories, languages, oral traditions, philosophies, writing systems and literatures, and to designate and retain their own names for communities, places and persons.	As per the above paragraph, Elders are crucial to the revitalization and transmission to younger and future generations of their Culture, identities, and connection to Country. This includes histories, languages, oral traditions, philosophies, writing systems and literatures. Enabling ACCOs to provide culturally safe, trauma informed care to Elders directly enables their survival, and thereby the survival of Culture and identity of their broader Communities. Given that connection to Country and Culture directly impacts the health of the broader Community that Elders belong too, it can even be argued that enabling better health outcomes for Elders, who enable this connection for everyone in their Community, improves health outcomes for younger generations as well.

Figure 3. Cont.

Art. 21.1. Indigenous peoples have the right, without discrimination, to the improvement of their economic and social conditions, including, inter alia, in the areas of education, employment, vocational training and retraining, housing, sanitation, **health** and social security. *(emphasis added)*	Elders choosing to be assessed and cared for by ACCOs constitutes exercising their right to improve their health. Implementing policy to allow Elders' access to ACCO providers of aged care assessment, and age care services despite the thin market of providers would protect the market negatively impacting Elders, whose right to improving their health cannot be annulled by the size of a market.
Art. 21.2. States shall take effective measures and, where appropriate, special measures to ensure continuing improvement of their economic and social conditions. Particular attention shall be paid to the rights and special needs of indigenous elders.	Implementing relevant policy to enable ACCOs to provide care despite the thin market would constitute appropriate 'special measures' required to provide equitable access for Elders. Adequate aged care services improve the economic and social conditions of Elders and their families. This is especially the case given that Elders are commonly involved with caring for grandchildren, whose needs they commonly prioritise above their own, leaving less money to care for their own needs.
Art. 22.1. Particular attention shall be paid to the rights and special needs of indigenous elders … in the implementation of this Declaration.	Improving the health and life expectancy outcomes of Elders is a priority because Elders ensure the survival of culture and identity of their people, and thereby also the health of younger generations.
Art. 23. Indigenous peoples have the right to determine and develop priorities and strategies for exercising their right to development. In particular, indigenous peoples have the right to be actively involved in developing and determining health, housing and other economic and social programmes affecting them and, as far as possible, to administer such programmes through their own institutions.	Indigenous Australians have the right to be actively involved in developing and determining how the aged care system caters to them as individuals, clients, patients, and as organisations and businesses. The ACCO sector has evidence-based policy and practices that ensure assessments and services are culturally safe and trauma informed. They are, effectively, 'Centres of Excellence in culturally safe care' and ACCO aged care represents the embodiment of Indigenous peoples' right to develop, determine and administer social programs that affect them, in accord with Elders' preferences.



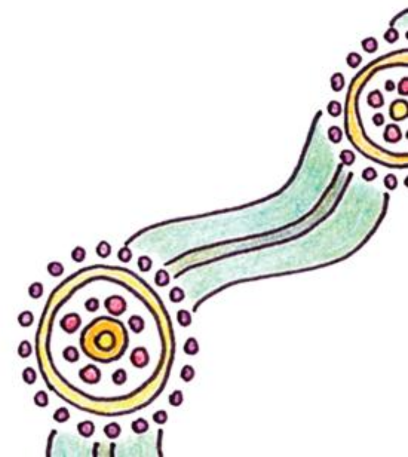
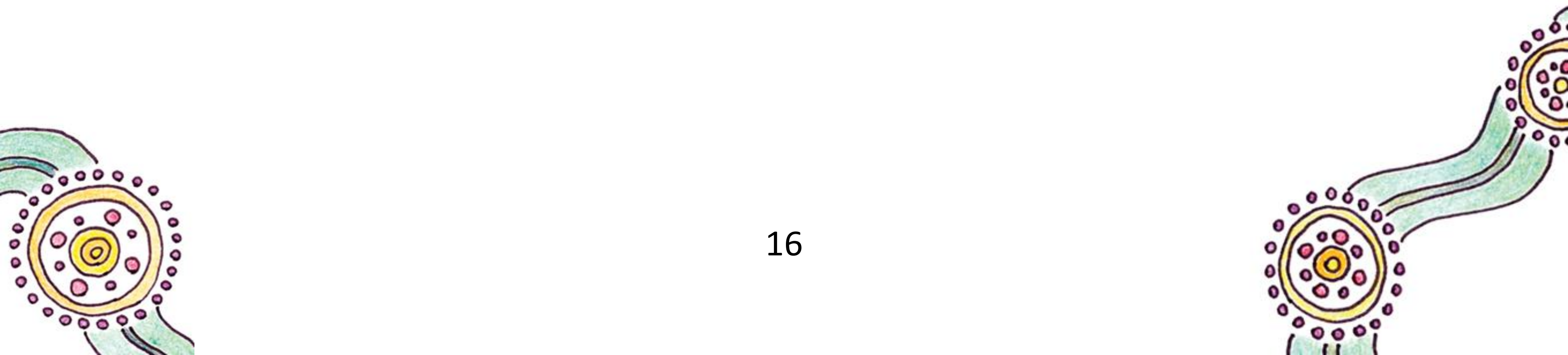


Figure 4. Alignment of the United Nations Universal Declaration of Human Rights with allowing Indigenous organisations to provide aged care services

Article	**How each article supports and justifies implementing policy and mechanisms to enable Indigenous staff and ACCOs to provide assessments and services to Elders despite the thin market. This includes cases where they need to refer Elders to services provided by the same ACCO who provided their assessment, or to another ACCO.**
Art. 1. All human beings are born free and equal in dignity and rights.	To have equal dignity and freedom, Elders need access to the culturally safe, trauma informed care delivered by ACCOs. This is as per their preference, and evidence that they have better mental and physical heath outcomes this way.
Art. 2. Everyone is entitled to all the rights and freedoms set forth in this Declaration, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.	For Elders to enjoy the same rights as non-Indigenous Australians eligible for aged care services, they must have the same opportunities for Self-determination in choosing aged care services which meet their needs. This means access to services from ACCO assessors and providers, which enables maintenance of connection to Community, Country and Culture
Art. 16. The family is the natural and fundamental group unit of society and is entitled to protection by society and the State.	Elders having access to ACCOs to provide assessments and services is the most significant factor in maintaining Elders' roles in their Communities and families. This is because ACCOs have the best understanding of Indigenous family structures and relationships, and of how to enable Elders to maintain their active role as guide and teacher of Culture and identity. ACCO care also has the best health and wellbeing outcomes for Elders due to being optimally culturally safe and trauma informed, meaning Elders can continue their central and sustaining role in their families for longer, and to an extent that honours their knowledge of and love for their Communities and histories.
Art. 27. Everyone has the right freely to participate in the cultural life of the community.	As above. ACCO aged care services, with their intimate understanding of Culture and local Community are best equipped to enable ongoing, fulfilling participation for Elders in the cultural life of their Communities.
Art. 29. In the exercise of his rights and freedoms, everyone shall be subject only to such limitations as are determined by law solely for the purpose of securing due recognition and respect for the rights and freedoms of others and of meeting the just requirements of morality, public order and the general welfare in a democratic society.	Elders' right to equitable and adequate aged care services, which are delivered to optimal effect by ACCOs, cannot be justified as a necessary casualty of the status of this market. Rather, governments need to protect and uphold Elders' rights in the context of this thin market.



4.2 Self-determination and 'choice' for Indigenous Elders in the thin market of aged care

Allowing ACCO assessors to refer Elders directly to ACCO providers, and in some cases even to the same provider they were assessed by, is integral to providing access to culturally safe services to Elders. It is not a 'conflict of interest'. Rather it is a rights-based, equity focused approach that is crucial to providing Self-determination and 'choice' to Elders.

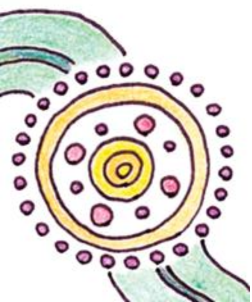
The 'Closing the Gap Report 2020' reiterates the Commonwealth Government's commitment to enabling Self-determination for all Indigenous Australians, with Prime Minister Scott Morrison pledging to "make sure Indigenous Australians are genuinely positioned to make informed choices, forge their own pathways and reach their goals."[10] The Closing the Gap initiative dedicates Australian governments (Commonwealth and state) to working towards equity for Indigenous Australians.

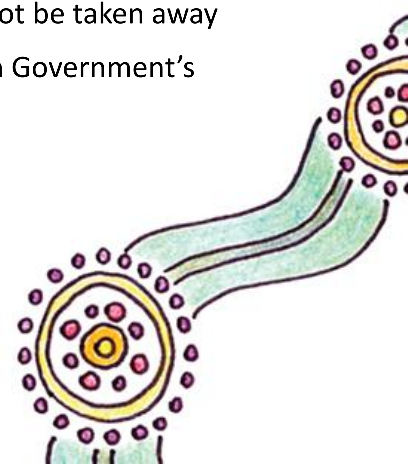
Self-determination for Elders means having the choice to be assessed and cared for by ACCOs. The effect of that choice is Elders' enhanced health, wellbeing and life expectancy outcomes, which enable the survival of Culture broadly for their Communities.

It is also well-known and recognized from the ACCO sector through to the state and Commonwealth governments, that the survival of Aboriginal and Torres Strait Islander peoples' Cultures and identities depends on the survival of Elders, who teach and tend to Culture throughout Communities and kinship groups and lines. The Royal Commission into Aged Care Quality and safety recently reaffirmed through extensive community consultation that:

- Elders are revered and valued by Community as teachers of Culture
- Younger Community members enjoy and value interacting with Elders as teachers of Culture
- Elders want aged care services to support them living independently for as long as possible, as do their non-Indigenous counterparts
- Elders want aged care services to take into consideration their responsibilities within their family, and their families' capacity and wishes to support and care for them
- Elders want culturally safe, trauma informed care
- Elders want to live on or be able to visit Country for as long as possible and be buried on Country.

ACCOs are best able to deliver on these choices made by Elders, and having these choices fulfilled directly impacts Elders health and life-expectancy.[12] This means that enabling and allowing ACCOs, especially local ACCOs to provide assessments and services to Elders living in their catchment areas, directly impacts the survival rates of Elders and the cultural knowledge they maintain for their Community. The market cannot dictate the rights (see UN declarations discussed in 4.1) Elders enjoy. Self-determination is not upheld as a right, if people's capacity to exercise that right is contingent on the status and size of a for-profit market and coinciding opportunities. The very definition of this right in the UN declarations as "inalienable"[13] means it cannot be taken away from or given away by the possessor in any circumstances, market or otherwise. Rather, it is the Commonwealth Government's





responsibility to implement policies that safeguard the fundamental rights of Elders in instances where they are compromised by the size of the service provider market.

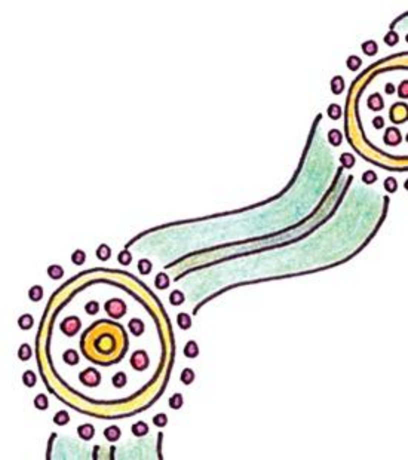
The Commonwealth Government is responsible for ensuring an equitable, free, fair, and competitive market. However, the market in question is majority funded by tax-payer money to deliver those essential services to vulnerable people. Consequently, there is a requirement for safeguards to ensure vulnerable cohorts can access essential services.

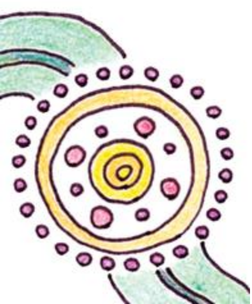
The Commonwealth Government is also responsible for enabling the provision of essential services to all Australians. This includes the equitable access to aged care assessments and services to vulnerable, minority groups within the total population of eligible people. In this case that entails putting in place measures and policies to account for the fact that minority groups, such as Elders and the ACCOs who best provide services to them, are unfairly inhibited by the requirements of the mainstream (i.e. non-Indigenous) aged care market. The factors inhibiting Elders' access to adequate and culturally safe assessment and services, and ACCOs from delivering them at a scale that meets Community needs, is detailed in the NAGATSIAC '*Our Care. Our Way'* papers.[14]

The ACCO market intends to provide equitable aged care services to a significantly under serviced cohort who experience significantly higher rates of chronic illness and need for support that their non-Indigenous counterparts.[15] At the same time ACCO infrastructure is severely inhibited by the current aged care system's accreditation requirements and funding models, which impede the growth and operation of smaller organisations, which all ACCOs are. As this is the nature of the market, this 'thinness' should not just be viewed as a 'needs versus available services' equation. It should be understood as illustrating and announcing the need to provide alternative policies that enable the limited number of ACCO assessors and ACCO providers to deliver the greatest number of assessments and services to their local Elders.

The Commonwealth Government committed to enabling Self-determination for all Indigenous peoples in signing the UN Declaration on the Rights of Indigenous peoples and the UN Universal Declaration of Human Rights, and in the recent *Closing the Gap Report 2020.*[16] In doing so the Commonwealth agreed that these rights are fundamental to all people.

Upholding the right to Self-determination for Elders requires giving them access to culturally safe, trauma informed services, and giving them the choice for that care to be provided by ACCOs – I.e. by their own people. To protect this right, the Commonwealth Government must implement policy that ensures ACCOs can deliver assessments and services as per Elders' wishes, within and despite the size and status of a for-profit market.





4.3 Self-determination and choice for Elders enables equitable and adequate services

Allowing ACCO assessors to refer Elders directly to ACCO providers, and in some cases even to the same provider they were assessed by, is crucial to providing equitable and adequate aged care assessment and services to Elders.

ACCO staff and service providers are significantly underrepresented in the sector, even when considering the smaller population of Elders compared to non-Indigenous older Australians eligible for aged care services (see figures 1 through 8).

The size of the ACCO market, when distributed across the geographic size of each state and territory in Australia that the Indigenous subset of eligible aged care clients is living across, show Elders to have severely limited access to ACCO providers compared to the non-Indigenous subset. The Productivity Commission Report on Government Services (ROGS) year on year reports that Aboriginal people per eligible 1000 population, continue to access fewer assessments than the Culturally and Linguistically Diverse (CALD) and non-Indigenous subsets of the eligible population in every state and territory, and at a national level.

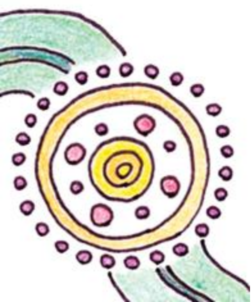
It is therefore not logical or ethical to disallow ACCO assessors from referring Elders to other ACCO health and aged care providers, or to the same organization for services as assessment. For most Elders, this becomes a question of access to the care they need (and want from ACCOs) or lack thereof. Elders commonly forego services if they cannot get them from an ACCO provider. This is the provision of choice to Elders as clients/patients, not a conflict of interest. It is analogous to the way that non-Indigenous providers can and do refer non-Indigenous clients/patients to the providers that they prefer, and that are close to their homes and families.

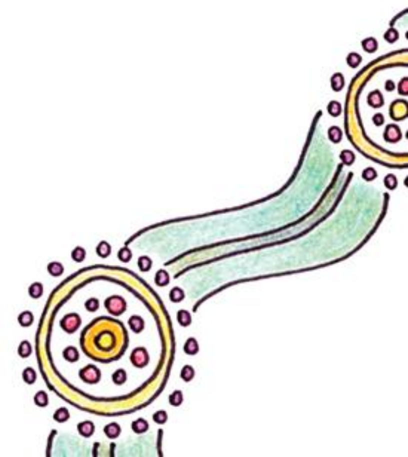
For Elders, 'choice' and Self-determination means having access to assessments and services provided by ACCOs. This is because:

- Elders trust and therefore prefer ACCOs to provide assessments and services. Elders commonly have a deep distrust of mainstream services, and a deep fear of mainstream facilities, due to the racism and institutionalisation they have experienced as a result of government policy historically. For example, the forced removal of children now known as the Stolen Generation; and the forced removal of children from family and Community that continues at a high rate today in the form of child protection measures removing children to out of home care,[17] and the juvenile justice system that removes children to prison facilities.[18]

- Elders want to be cared for by ACCO service providers. We know this because Elders have consistently voiced this preference to the ACCO sector. They want to be cared for by their own people, people who understand their Culture from personal experience, people who make them feel safe after enduring a lifetime of racism, dispossession and trauma at the hands on non-Indigenous Australia.

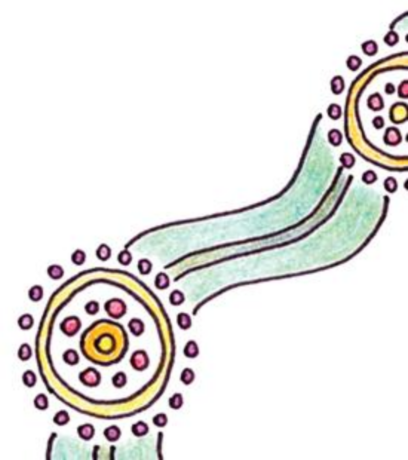
- Elders can maintain their integral role in Community if they are cared for by ACCOs, who are best able to facilitate Elders' connection and proximity to and role in Community and caring for Country and Culture.

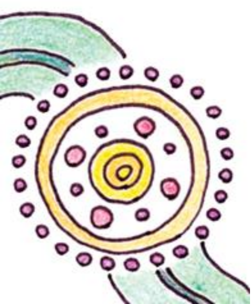




ACCOs are best placed and able to provide the most effective assessments and services to Elders. This is because:

- ACCOs provide holistic services that cater to the culturally specific needs of Elders and their families. Delivering services in a holistic way is essential for successful uptake of services by Aboriginal and Torres Strait Islander people.[19]
- Elders trust ACCOs. ACCOs are already part of the Community that Elders belong to. They are also understood by Elders as separate from the non-Indigenous governments and institutions that Elders have experienced racist policies at the hands of. This means ACCOs have the trust of Elders. Trusting the staff conducting assessments is crucial for accurate assessments. We know that Elders are significantly overrepresented in lower-level care packages despite experiencing higher rates of chronic illness than their non-Indigenous counterparts.[20] We also know Elders are commonly moved from a low-level package to a significantly higher level package within a year, if they establish enough trust in their care provider to then provide accurate information at their next assessment as to the extent of their illness/disabilities.[21] It is evident that accurate and adequate care cannot be delivered without the level of trust Elders have in ACCOs.
- ACCOs provide the most culturally safe care and trauma informed care. They do so by:
    - having a deep, common knowledge of Elders' lives, histories, culture, traumas, fears; and established policies, practices and safeguards in place to ensure Elders feel safe and supported, and so are able to communicate accurately their needs and health status.
    - having a deep, common knowledge of Elders' connection to Community, Culture and Country; and established policies and practices for honouring and enabling Elders to maintain those connections.
    - Understanding and practising family centred care[22] as per the needs and requests of Elders. This includes having a deep and common knowledge of the complex and fierce connections and responsibilities Elders have within their immediate and extended families, and extended kinship networks; and having established policies, practices and safeguards in place to care for Elders in the context of this definition of 'family' and 'Community'.
- the assessment process by mainstream RAS/ACAT staff is currently not culturally sensitive to the complex trauma and history of racism experienced by Indigenous Australians, particularly the Stolen Generations. This:
    - is because cultural safety training is currently not mandatory for assessors (ACAT or RAS), and having Indigenous assessors is not mandatory for service providers. Engaging with the online application, and often engaging with assessors by phone or in person, exposes people to questions and staff that have not been qualified by cultural safety training and principles. This means access pathways make people vulnerable to re-traumatisation, and incorrect assessment, which commonly deters people from applying.





- results in access to necessary services being inhibited by assessors not getting a comprehensive understanding of a persons' needs. This is due to the fact that assessors commonly do not understand the specific needs of the person and their Community (which can be very different to non-Indigenous people with the same affliction due to Indigenous communities needing 'family centered care' instead of 'person centered care' to accommodate their needs[23]); and/or are commonly not told all the information by the patient because they cannot trust a non-Indigenous assessor due to negative past experiences with mainstream services and government policies.

- impedes people living in urban and regional areas as much as it does those living in remote areas in accessing mainstream aged care and health services. Less than 20% of eligible Indigenous people live in remote areas, yet the focus of government policies and media attention has been and remains on improving access for remote communities.[24] The number and proximity of mainstream aged care services is not an adequate measure of service accessibility for Indigenous people. Although cultural safety is considered a major barrier for remote communities, there is no focus on lack of cultural safety being a significant barrier for the more than 80% of eligible people who do not live remote areas. Given that urban Indigenous communities carry similar lifespan gaps, equal levels of multiple chronic diseases, equally high dementia rates, and equivalent social disadvantage to remote communities,[25] this means that the system does not focus sufficiently on enabling access for the vast majority of this cohort.

Culturally safe, trauma informed practices are essential in providing equitable and adequate assessments and services, and achieving better health and wellbeing outcomes, for Elders. This is because it results in:

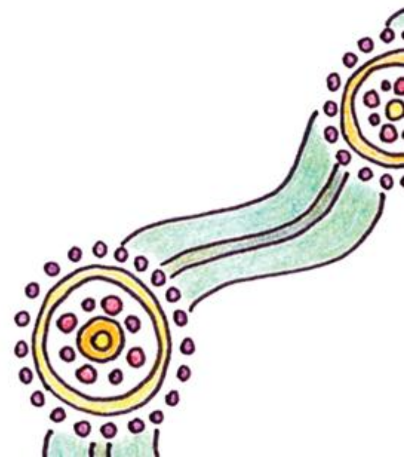
- accurate assessments, meaning Elders get the level of care they really need. It is currently uncommon for Elders to feel safe enough during assessments with mainstream RAS/ACAT staff to accurately and fully communicate their needs.

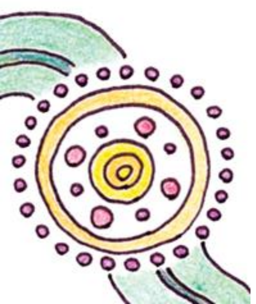
- elders receiving the level of care they really need results in improved outcomes in terms of mental and physical health and wellbeing, and therefore life expectancy.

- Elders engage at a very low rate with culturally unsafe services. ACCOs provide holistic services that cater to the culturally specific needs of Elders and their families. Delivering services in a holistic way is essential for successful uptake of services by Aboriginal and Torres Strait Islander people.[26]

- maintaining Elders' Connection to Community, Country, and Culture. This has a direct and significant positive impact on the mental, physical and spiritual health and wellbeing of Elders. It also probably results in increased life expectancy.

  This also enables Elders to continue playing their integral role as teachers of Culture and identity within their Communities. This has a direct and significant positive impact on the mental, physical and spiritual health and wellbeing of all members and ages within their Community.

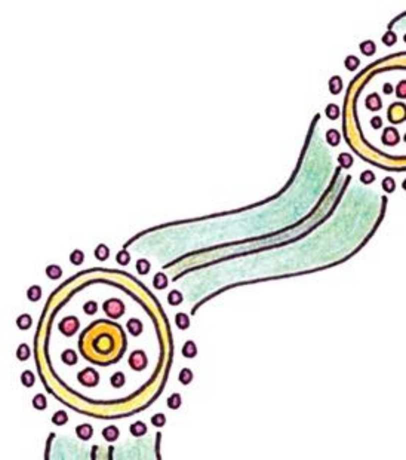




- provision of assessments and care services without retraumatising Elders, by exposing them to racially discriminatory or insensitive actions, judgements and narratives on the basis of their aboriginality. This commonly occurs in mainstream services in the form of:
    - overtly racist treatment by non-indigenous staff (though this is not to suggest that all non-indigenous staff are racist)
    - non-indigenous staff displaying the inadvertent, latent and casual racism that is so pervasive to this day in Australia. This is also prevalent in the policies and rules of aged care service providers. For example, Elders have reported to NAGATSIAC's members that their families are discouraged from visiting them in residential facilities, and reprimanded for loud, excited talking during visits, and having too many visitors due to their family and extended kin network being perceived by non-indigenous staff as an excessive, extra-familial group.
    - Lack of culturally sensitive practices that account for the feelings of 'shame' that Elders commonly report experiencing when discussing intimate details of their service needs with staff who do not belong to their Community and/or are non-indigenous.
    - Lack of culturally sensitive practices that account for the 'fear' (for personal safety, cultural safety, autonomy and connection to Community, Country and Culture) that Elders commonly report experiencing when discussing intimate details of their service needs with staff who do not belong to their Community and/or are non-indigenous. This fear is the result of the trauma Elders commonly experience due to their own or family members' previous institutionalisation or incarceration based on government policies and that the criminal justice system disproportionately imprisons Aboriginal adults and children to this day.

The factors discussed above are all well-known and evidenced in practise by the existing ACCO sector, including NAGATSIAC members, and corroborated by recent research projects conducted by the NAGATSIAC.[27]

That culturally safe, trauma informed practices are crucial to provide equitable and adequate care to Elders is especially relevant given that all Stolen Generations people will be eligible for aged care by 2023, which is projected to be 17,150 people.[28] This cohort presents with significant trauma and poor physical and mental health conditions as a direct result of the government policies that took them from their families. The Government has a responsibility to enable ACCOs to provide care to Elders, as per Elders' wishes. They have already suffered so much, to the extent that aged care services lacking cultural safety and trauma informed practices are tantamount to abuse given their trauma and vulnerability.



4.4 Solutions to enable ACCO's

This paper argues that the Commonwealth government needs to implement policy applying to Indigenous staff and organisations, that allows Indigenous assessors to:

- refer Elders to ACCO service providers,
- refer Elders to the same provider they were assessed by, if there are no other ACCOs providing the necessary/required aged care services locally.

This would enable the ACCO sector to provide more of the culturally safe, trauma informed assessments and services to Elders that they so desperately need and want.

The Commonwealth Government can build on existing precedents to create a clearly articulated policy position that enables Aboriginal people to easily access Aboriginal assessment and service options. To this end, there are two related policy options that would, along with allowing inter-ACCO referrals, act as a coordinated set of measures to ensure the thin nature of the ACCO aged care provider market does not prevent Elders receiving the care they need.

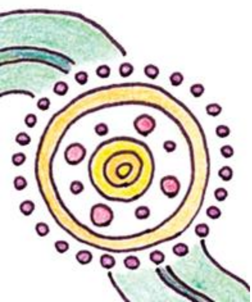
1. Market-based adjustments

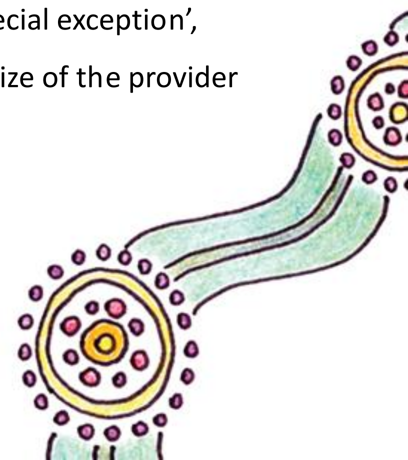
The Commonwealth Government has already established some precedents in relation to market-sensitive human services policies. Given the thin market for culturally safe (i.e. ACCO) NDIS providers, NDIS Support Coordinators in ACCOs are permitted to refer Aboriginal people with disability to a culturally safe service provided within their own ACCO, provided they (often in the case of Support Coordinator) follow the requirements stipulated in the Quality and Safeguards requirement.[29] Examples of those requirements are:

- facilitating participant choice and control (giving the client at least 3 provider options, including options at other organisations, which can include mainstream options)
- resolving conflict of interest issues by having Support Coordinators work under a different line of management and physically in a different location to the rest of the disability services within the ACCO.

Both the Institute for Urban Indigenous Health (Qld) and the Aborigines Advancement League (Vic) both participate as assessors in RAS consortia and provide aged care services. Similarly to the NDIS measures, the assessment and service provision functions have different reporting/management lines to similarly guard against conflict of interest issues while also ensuring clients get access to the culturally safe services they need.

The Government should build on this precedent to ensure that it represents an established rule, rather than 'special exception', that policy governing markets for essential services such as disability and aged care supports is sensitive to the size of the provider





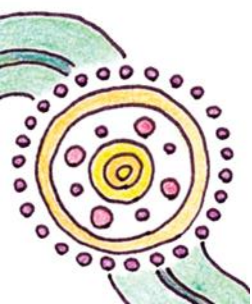
market, so that equitable and adequate access to services is not compromised.

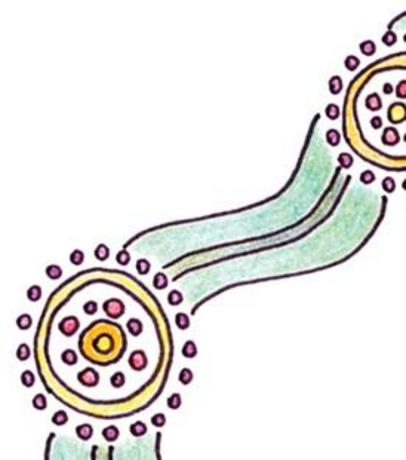
2. A cultural safety net

There are currently no ACCOs involved in any ACAT/ACAS anywhere in Australia, and no requirement for ACAT/ACAS to hire Aboriginal staff or broker staff from ACCOs or any other Aboriginal organisations to provide culturally safe assessments.

There is also no requirement for My Aged Care to ensure that an ACCO option is included in the group of organizations to which the service provision request is sent after a RAS or ACAS assessment is completed for an Aboriginal client. That is to say, there is no requirement for MAC to check if there is an ACCO provider in the client's area and send the service provision request there (so that client has the option of a culturally safe assessment) as well as to mainstream organisations in the area.

Government policy should make the most of the existing ACCO infrastructure by requiring MAC to automatically offer an Aboriginal client the option to take up any ACCO service option in their area, if there is an ACCO in their area.





4.5 Solutions to enable ACCO's – the broader context

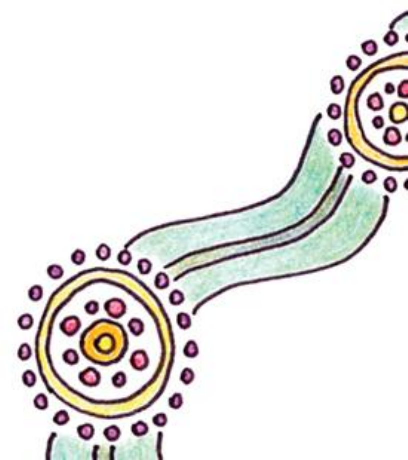
This policy change regarding the thin market of ACCO aged care providers should be viewed as **one of three necessary actions** to enable the established ACCO infrastructure to upscale operations and workforce to provide so that ACCOs can provide for the aged care assessment and service needs of Elders. The other two actions are:

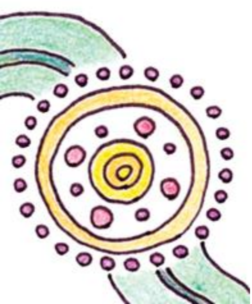
1. Enable and support the ACCO sector to build upon its existing Indigenous aged care workforce: Enable the recruitment, training and stable employment of a sufficiently sized, culturally safe, trauma informed, Indigenous workforce that can provide the care Indigenous people want, need, and have the right to choose as their first preference.

   The current aged care system inadvertently inhibits the establishment, by ACCO health services and aged care services, of a stable and economically viable Indigenous workforce that has the capacity to meet the demand of the Indigenous cohort needing assessment and services. This is discussed extensively, including solutions that can be incorporated in the upcoming system redesign, in the accompanying NAGASTIAC paper: 'Our Care. Our Way: Transforming care pathways for Aboriginal and Torres Strait Islander Elders'.

2. Adjust the funding model of the aged care system to increase the options and availability of flexible funding models for small-scale providers, which includes almost all ACCOs. The lack of appropriate funding models for small-scale providers (relative to mainstream providers) currently inhibits ACCO providers of aged care and health care from becoming economically viable and able to expand in the current system. It specifically prevents ACCOs from upscaling service provision, and recruitment and retention of staff, which is necessary to meet the needs of Elders in each Community. This is discussed extensively, including solutions that can be incorporated in the upcoming system redesign, in the accompanying NAGASTIAC paper: '*Our Care. Our Way: Transforming care pathways for Aboriginal and Torres Strait Islander Elders'.*

These three factors combine to offer a coordinated solution to enable the established ACCO sector to provide Elders with aged care assessments and services: the permission to provide care, the workforce capacity to provide care, and the funding capacity and flexibility to provide care as small-scale (relative to mainstream providers) organisations.





References

1. NAGATSIAC, ‘Our Care. Our Way: Transforming care pathways for Aboriginal and Torres Strait Islander Elders’, 2020

2. The need for Elders to be able to choose to be assessed by and/or cared for by Indigenous staff and organisations pertains to ensuring cultural safety in service provision and is discussed in detail in the NAGATSIAC papers ‘Our Care. Our Way: Transforming care pathways for Aboriginal and Torres Strait Islander Elders’ and ‘Our Care. Our Way: Background Paper’. This has been recently reinforced and validated by the University of Western Australia’s Good Spirit, Good Life: A Quality of Life Tool and Framework for Older Aboriginal Peoples’ for use in the aged care sector to ensure culturally safe, accurate assessments for Elders.

   Smith, K., Gilchrist, L., Taylor, K., Clinch, C., LoGiudice, D., Edgill, P., Ratcliffe, J., Flicker, L., Douglas, H., Bradley, K., & Bessarab, D., ‘Good Spirit, Good Life: A Quality of Life Tool and Framework for Older Aboriginal Peoples’, 2020, *The Gerontologist*.

3. Smith, K., Gilchrist, L., Taylor, K., Clinch, C., LoGiudice, D., Edgill, P., Ratcliffe, J., Flicker, L., Douglas, H., Bradley, K., & Bessarab, D., ‘Good Spirit, Good Life: A Quality of Life Tool and Framework for Older Aboriginal Peoples’, 2020, *The Gerontologist*.

4. UN GAOR, *Universal Declaration of Human Rights*, GA Res 217A (III), UN Doc A/810 (10 December 1948), accessed at: <https://www.un.org/en/universal-declaration-human-rights/#:~:text=The%20Universal%20Declaration%20of%20Human%20Rights%2C%20which%20was%20adopted%20by,of%20the%20Second%20World%20War.>

5. Australia has not legislated these conventions into domestic law so technically they are not legally binding within the Australian legislative framework, however being signatory does still imply a commitment within International Humanitarian Law.

6. UN GAOR, Declaration on the Rights of Indigenous Peoples, GA Res 61/295, UN Doc A/RES/61/295 (13 September 2007), accessed at: <https://www.un.org/development/desa/indigenouspeoples/wp-content/uploads/sites/19/2018/11/UNDRIP_E_web.pdf>

7. UN GAOR, *Universal Declaration of Human Rights*, GA Res 217A (III), UN Doc A/810 (10 December 1948), accessed at: <https://www.un.org/en/universal-declaration-human-rights/#:~:text=The%20Universal%20Declaration%20of%20Human%20Rights%2C%20which%20was%20adopted%20by,of%20the%20Second%20World%20War.>

8. Vicki-Anne Ware, ‘Improving the accessibility of health services in urban and regional settings for Indigenous people’, Resources sheet 27. Produced for the Closing Gap Clearinghouse, Australian Institute of Health and Welfare, Australian Institute for Family Studies.

   This also explained in greater detail in VACCHO’s January submission to the Royal Commission into Aged Care Quality and Safety:

   “The under-representation of Aboriginal people completing the MAC process is often compounded by a reluctance to engage with assessment services (the next stage of the process), due to mistrust of mainstream agencies, and/or fear of being judged or experiencing racism. There are currently only two Aboriginal specific assessment services in Victoria, and the majority of assessment services (RAS and ACAT) do not employ Aboriginal assessors or have partnerships with local ACCOs to deliver a culturally safe assessment.

   The assessment services (RAS and ACAS in Victoria) are viewed as culturally unsafe by many ACCOs and community members. In particular, ACCOs are concerned that the majority of assessment services do not employ Aboriginal assessors, the Living at Home Assessment tools are not trauma- informed or culturally appropriate, and many assessment workers lack cultural awareness, understanding and competence.”

   Submission from the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) to the Royal Commission into Aged Care Quality and Safety, January 2020, p. 19

9. Department of the Prime Minister and Cabinet, ‘Closing the Gap Report 2019’, 2019, Australian Government (online), accessed at: <https://parlinfo.aph.gov.au/parlInfo/download/publications/tabledpapers/9b213cc4-af31-4c4b-9ae0-7f6ad5981202/upload_pdf/ctg-report-

   2019.pdf;fileType=application%2Fpdf#search=%22publications/tabledpapers/9b213cc4-af31-4c4b-9ae0-7f6ad5981202%22> p. 4

10. Royal Commission into Aged Care Quality and Safety, ‘Research paper 5 - They look after you, you look after them: Community attitudes to ageing and aged care’, 2020, Australian Government. p. 11

12. Tim Albers et. al, 'Building a regional health ecosystem: a case study of the Institute for Urban Indigenous Health and its system of care', *Australian Journal of Primary Health*, 2019, 25, p. 424-429.

    NAGATSIAC, 'Our Care. Our Way: Transforming care pathways for Aboriginal and Torres Strait Islander Elders'

13. UN GAOR, *Universal Declaration of Human Rights*, GA Res 217A (III), UN Doc A/810 (10 December 1948), accessed at: <https://www.un.org/en/universal-declaration-human-rights/#:~:text=The%20Universal%20Declaration%20of%20Human%20Rights%2C%20which%20was%20adopted%20by,of%20the%20Second%20World%20War.>

14. NAGATSIAC, '*Our Care. Our Way: Transforming care pathways for Aboriginal and Torres Strait Islander Elders'*, (2020); and NAGATSIAC, *'Our Care. Our Way: Background Paper*', (2020).

15. NAGATSIAC, *'Our Care. Our Way: Background Paper*', (2020). Section 2 'Underrepresentation and contributing factors'. p. 5

16. Department of the Prime Minister and Cabinet, 'Closing the Gap Report 2019', 2019, Australian Government (online), accessed at: <https://parlinfo.aph.gov.au/parlInfo/download/publications/tabledpapers/9b213cc4-af31-4c4b-9ae0-7f6ad5981202/upload_pdf/ctg-report-

    2019.pdf;fileType=application%2Fpdf#search=%22publications/tabledpapers/9b213cc4-af31-4c4b-9ae0-7f6ad5981202%22> p. 4

17. Indigenous children and youth are forcibly removed from families on child protection orders, despite there being no data to suggests they are safer or healthier once removed than if left in their families ("The South Australian Child Protection Systems Royal Commission concluded in 2016 that the risk of sexual abuse in out-of-home care "has not diminished" and action to address it is "long overdue". And the Royal Commission into Child Sexual Abuse acknowledged the extent of abuse in out-of-home care nationwide remains unknown."

    Nell Musgrove and Deidre Michell, 'Why children in institutional care may be worse off now that they were in the 19th century', The

    Conversation, (Online), https://theconversation.com/why-children-in-institutional-care-may-be-worse-off-now-than-they-were-in-the-19thcentury-104395

18. Indigenous youth are incarcerated at significantly higher rates than non-Indigenous youth. I.e. "On an average night in the June quarter 2018, nearly 3 in 5 (59%) young people aged 10–17 in detention were Indigenous, despite Indigenous young people making up only 5% of the general population aged 10–17"

    Australian Institute of Health and Welfare, 'Bulletin 145, December 2018, Youth detention population in Australia', Australian Government (online),

    <https://www.aihw.gov.au/getmedia/55f8ff82-9091-420d-a75e-37799af96943/aihw-juv-128-youth-detention-population-in-Australia-2018-bulletin- 145-dec-2018.pdf.aspx?inline=true> p. 2.

19. Vicki-Anne Ware, 'Improving the accessibility of health services in urban and regional settings for Indigenous people', Resources sheet 27. Produced for the Closing Gap Clearinghouse, Australian Institute of Health and Welfare, Australian Institute for Family Studies.

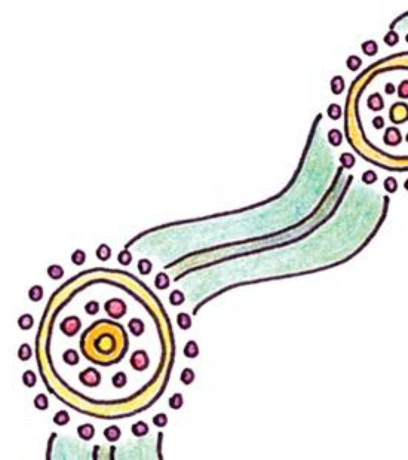
20. NAGATSIAC, *'Our Care. Our Way: Background Paper*', (2020). Section 2 'Underrepresentation and contributing factors'. p. 5

21. Ibid.

22. This means recognising a holistic view of health that includes the physical, mental, spiritual and cultural needs of the client/patient, which includes their family, Community and Country. Aged care services based on Western concepts of family and community generally do not cater to Indigenous peoples' aged care needs in this holistic way.

    Faye McMillan, et. al., 'Person-centred care as caring for country: An Indigenous Austalian experience', Dementia, Vol. 9, Issue 2, 2010, p. 163-7.

23. Ibid.



24. Matt Garrick and Emilia Terzon, 'Aged care royal commission in Darwin hears of Aboriginal elder's family, culture separation pain', SBS News (online), 2019. <https://www.abc.net.au/news/2019-07-08/aged-care-commission-darwin-aboriginal-elder-family-pain/11287486>

    N. Biddle, 'CAEPR Indigenous Population Project 2011 Census Papers: Population projections', Centre for Aboriginal Economic Policy Research, Australian National University School of Social Sciences, 2013.

    See also Tony Broe, 'What do Aboriginal Australians want from their aged care system?', The Conversation, (Online), 2019. <https://theconversation.com/what-do-aboriginal-australians-want-from-their-aged-care-system-comnunity-connection-is-number-one-118913>

25. N. Biddle, 'CAEPR Indigenous Population Project 2011 Census Papers: Population projections', Centre for Aboriginal Economic Policy Research, Australian National University School of Social Sciences, 2013.

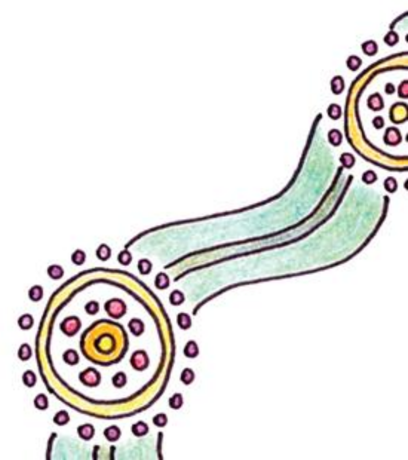
    See also Tony Broe, 'What do Aboriginal Australians want from their aged care system?', The Conversation, (Online), 2019. <https://theconversation.com/what-do-aboriginal-australians-want-from-their-aged-care-system-comnunity-connection-is-number-one-118913>

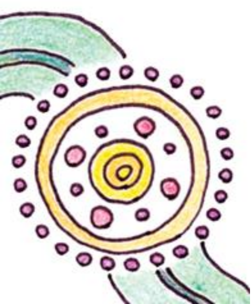
26. Vicki-Anne Ware, 'Improving the accessibility of health services in urban and regional settings for Indigenous people', Resources sheet 27. Produced for the Closing Gap Clearinghouse, Australian Institute of Health and Welfare, Australian Institute for Family Studies.

27. NAGATSIAC, 'Our Care. Our Way: Transforming care pathways for Aboriginal and Torres Strait Islander Elders', 2020 and NAGATSIAC, 'Our Care. Our Way: Background paper' 2020.

28. Australian Institute of Health and Welfare, 'Aboriginal and Torres Strait Islander Stolen Generations aged 50 and over', 2018, Australian Government (online) accessed at: < https://www.aihw.gov.au/reports/indigenous-australians/stolen-generation-aged-50-and-over/contents/table-of-contents>

29. NDIS Provider Engagement Team advised VACCHO in 2018 that the same ACCO organization could self-refer provided they (often in the case of Support Coordinator) follow the requirements stipulated in the Quality and Safeguards requirement.





Appendix

Figure 2. New South Wales
Figure 3. Australian Capital Territory
Figure 4. Queensland
Figure 5. Northern Territory
Figure 6. Western Australia
Figure 7. South Australia
Figure 8. Tasmania

Notes to figures 1 through 8

- Population figures are calculated using 2016 Census data, assuming that in the 4 years since that count there would be a relatively stable rate of death in the over 50 and over 65 age subgroups, and a relatively stable increase in the number of people who age into those groups in those 4 years.
- Aged Care Planning Regions (ACPR) were used to search and group services by area and to show density per area. 'Main statistical Area Structure' (SA4 data) of each state and territory was used to search population of Indigenous and non-Indigenous eligible clients and to show population density of these two population subsets per area (using census data). ACPR and SA4 regions/areas do not match perfectly on a map, i.e. sometimes 1 ACPR covers 2 SA4 regions. In order to compare these data sets (population by SA4 and aged care services by ACPR), I used ACPR and SA4 maps to determine what SA4 regions correspond to each ACPR, and then searched population subsets and providers accordingly to determine the size of each population subset living in each ACPR. This is why some ACPR's are analysed together, i.e. because together they form one SA4 region.
- Calculating ratios of population subgroup to providers in each state does not imply the assumption that people can be evenly divided across these providers, as there are obviously differences between the services provided by providers (e.g. residential, home care, transitional care), and there are not even numbers of each kind of provider in any state. These ratios are calculated to give a general indication of how large the ACCO service provider market and the mainstream service provider market are in comparison to the Indigenous and non-Indigenous eligible client population subgroups.
- In calculating population subsets using the Census Table Builder,
  - The Indigenous subset of the population was calculated by adding 'Aboriginal', 'Torres Strait Islander' and 'Aboriginal and Torres Strait Islander' subsets together.
  - The non-indigenous subset of the population was calculated by adding 'non-indigenous' and 'not stated'.
- ACCO service provider data was obtained by custom request from the Commonwealth Department of Health. NAGATSIAC members added to this service provider data, plus ACCO RAS/ACAT/ACAS assessment services data, as per their local knowledge of their jurisdictions. Commonwealth data provides information on RAS consortia lead agencies, however it is difficult to determine where ACCOs have been subcontracted to undertake assessments, e.g. IUIH in QLD).The data used in this appendix for ACCO and mainstream providers and assessors is accurate and comprehensive to the best of the author's knowledge, by synthesizing and cross-checking these Commonwealth and NAGATSIAC sourced data sets.
- Successful contracts for RAS consortia are currently required to demonstrate they are able to meet the distinctive and diverse needs of all population groups living within their catchments. In the few areas that ACCOs have been subcontracted, mainstream RAS contortia are not required to report on the proportion of special needs group clients who received an assessment from a specialist provider who they subcontracted for that purpose. This has resulted in extremely low rates of culturally appropriate assessments for Elders, even when they do live within a region with access to subcontracted ACCO assessors. E.g. IUIH has reported to NAGATSIAC that they have conducted no more than 12 assessments via subcontracting to mainstream RAS consortia (they have 2 sub-contract relations of this kind in QLD) in any one quarterly period up to now.

Figure 2. Mainstream and Indigenous aged care assessors, service providers and eligible population in New South Wales

At June 2019 there were: [a]

- 38,138 Indigenous Elders 50 years and over living in NSW, and 25 ACCO aged care providers in the state (based on most recent census data from 2016)
- 1,206,063 non-Indigenous people 65 years and over old living in NSW, and 1,825 mainstream aged care providers in the state.

Calculated as a ratio of the number of eligible people to the number of suitable providers in the state, there are

- 1,525 eligible Indigenous clients to each ACCO provider
- 660 eligible non-Indigenous clients to each mainstream provider.

These ratios shows that there are less than half as many ACCO providers, relative to the eligible client population (Elders) than there are mainstream providers relative to the non-Indigenous eligible client population. This indicates that Elders have less access to aged care services than their non-Indigenous counterparts. When taking into account the geographical area over which these ratios exist and how much smaller the overall numbers of ACCOs and Elders are, an even lower state of access is evident. The overall number of ACCO providers is so much smaller than the number of mainstream providers (25 ACCOs compared to 1,825 mainstream) that, when distributed over the whole state, this results in more severely limited access for Elders than the *provider to clients* ratio even suggests compared to the mainstream market.

Of the 38,138 NSW Elders aged 50 years and over:

- 11,955 or 31% live in Greater Sydney (incl. no fixed address and offshore)
- 26,183 or 69% live in regional NSW.[b]

Of the 25 service providers in NSW:

- Only four are in Greater Sydney
- 21 are in regional NSW: 4 residential care providers with a total of 84 available beds (1 in Far North Coast, 1 in the Illawarra, and 2 in Orana Far West ACPR[c]) and 19 home care providers (2 in Mid North Coast, 1 in Central Coast, 1 in Hunter, 2 in Far North Coast, 6 in Riverina/Murray, 2 in Orana Far West, 2 in Illawarra, and 1 in Southern Highlands ACPR).

This means that the 11,955 Elders in Greater Sydney have within reach:

- <u>no</u> residential provider
- 4 home care providers (3 in South Eastern Sydney and 1 in Western Sydney ACPR)

The 26,183 Elders living in regional NSW within reach:

- 4 residential care providers with a total of 84 available beds (1 in Far North Coast, 1 in the Illawarra, and 2 in Orana Far West ACPR)
- 19 home care providers (2 in Mid North Coast, 1 in Central Coast, 1 in Hunter, 2 in Far North Coast, 6 in Riverina/Murray, 2 in Orana Far West, 2 in Illawarra, and 1 in Southern Highlands ACPR).

Sources for Figure 2 data:
a. 2016 Census of Population and Housing Data Set, 'INGP Indigenous Status by SA4 (UR) by AGE10P - Age in Ten Year Groups', Census Tablebuilder, Australian Bureau of Statistics.
Provider data source: Department of Health, 'Custom data request', Australian Government.
b. 2016 Census of Population and Housing Data Set, 'INGP Indigenous Status by SA4 (UR) by AGE10P - Age in Ten Year Groups', Census Tablebuilder, Australian Bureau of Statistics.
c. ACPR Maps: Department of Health, '2018 Aged Care Planning Region maps', Australian Government (online), accessed at <https://www.health.gov.au/resources/collections/2018-aged-care-planning-region-maps>

Figure 2. cont.

Within Greater Sydney, 31% of NSW total, eligible, Indigenous clients have access to just 16% of providers. Greater Sydney is a large area, covering over 12,368km^2.[d] In this entire area there is:

- no ACCO residential provider
- 4 ACCO home care providers: 3 in South Eastern Sydney ACPR (Southerland SA4 region; 474 Elders); and 1 in Western Sydney ACPR (Blacktown and Parramatta SA4 regions; 2,010 Elders)
- The ACPRs of Northern Sydney, Inner West Sydney, South West Sydney, and Nepean have no ACCO providers of any kind

In regional NSW, 69% of NSW total, eligible, Indigenous clients have access to 84% of providers. By this count, Elders in regional NSW have significantly better access to services than those in Greater Sydney. However, the geographical space Elders and providers are spread over means access is worse than one statistic illustrates. First, these providers not spread evenly through the regional ACPRs, not distributed evenly with regard to the number of Elders in each ACPR, and some ACPRs have no providers at all:

- Far North Coast (Richmond-Tweed and Coffs Harbour-Grafton SA4 regions): 2 home care providers; 3,224 Elders
- New England: 0 providers; 3,450 Elders
- Orana Far West: 2 home care providers; 3,624 Elders
- Riverina/Murray: 6 home care providers; 2,136 Elders
- Central West: 0 providers; 2,246 Elders
- Hunter (incl. Newcastle and Lake Macquarie SA4 region): 1 home care provider; 4,777 Elders
- Mid North Coast: 2 home care providers; 2,616 Elders
- Central Coast: 1 home care provider; 2,122 Elders
- Southern Highlands (i.e. Capital Region SA4 region): 1 home care provider; 1,490 Elders
- Illawarra (incl. Illawarra and Southern Highlands and Shoalhaven SA4 regions): 2 home care providers; 2,625 Elders

There are no ACCO providers in the New England, Central West, Northern Sydney, Inner West Sydney, South West Sydney, and Nepean ACPRs. 5,696 regional NSW Elders, and 9,471 Greater Sydney Elders have absolutely no ACCO providers in the ACRPs they live in.[e] That is 22% of regional NSW Elders, 79% of Greater Sydney Elders, and those two groups combined represent 40% of all NSW Elders. I.e. 40% of eligible Indigenous clients in NSW live in ACPSs with no ACCO providers at all.

There are no ACCO RAS or ACAT assessment services (i.e. for more extensive assessments / higher levels of care needs) in NSW.[f]

Sources for Figure 2 data:
d. NSW State Government, 'The City at a glance', (online) accessed at: <https://www.cityofsydney.nsw.gov.au/guides/city-at-a-glance>
e. 2016 Census of Population and Housing Data Set, 'INGP Indigenous Status by SA4 (UR) by AGE10P - Age in Ten Year Groups', Census Tablebuilder.
f. NAGATSIAC, 2020

Figure 2. Cont.

In order to compare the mainstream population and market, the non-Indigenous data breaks down as follows.

Of the 1,206,063 non-Indigenous NSW residents aged 65 years and over:[g]

- 670,730 or 56% live in Greater Sydney (incl. no fixed address and offshore)
- 535,333 or 44% live in regional NSW.

Of the 1,822 service providers in NSW:[g]

- 809 are in Greater Sydney: 403 residential care providers with a total of 35,775 available beds, 382 home care providers, 11 short-term restorative care, 12 transition care, 2 innovation pool providers (with 5 residential and 5 home care places). [note: 1 of these provided both home and residential care, and 1 provided residential care and other services, hence the sum does not equal the total 809]
- 1,013 are in regional NSW: 540 residential care providers with a total of 36,764 available beds, 438 home care providers, 13 short-term restorative care, 21 transition care, 1 innovation pool providers (with 3 residential places). [note: 27 of these provided both home and residential care, and 35 provided residential care and other services, hence the sum does not equal the total 540]

The number of RAS assessment service and ACAT assessment service (i.e. for more extensive assessments / higher levels of care needs) are:[h]

- 15 RAS and 5 ACAT in Greater Sydney
- 26 RAS and 12 ACAT in regional NSW

This means that the 670,730 non-Indigenous NSW residents aged 65 years and over in Greater Sydney have within reach:

- 403 residential care providers with a total of 35,775 available beds, 382 home care providers, 11 short-term restorative care, 12 transition care, 2 innovation pool providers (with 5 residential and 5 home care places).

The 535,333 non-Indigenous NSW residents aged 65 years and over living in regional NSW have within reach:

- 540 residential care providers with a total of 36,764 available beds, 438 home care providers, 13 short-term restorative care, 21 transition care, 1 innovation pool providers (with 3 residential places).

Within Greater Sydney, 56% of total, eligible, non-Indigenous clients have access to 44.4% of providers. The aged care planning regions in Greater Sydney, and the number of services available in each are:[i]

- Nepean: 184 providers: 83 home care providers; 95 residential care providers with a total of 7,672 available beds; 2 short-term restorative care providers with a total of 38 available beds; 2 transitional care providers with a total of 117 available beds; 1 innovation pool provider with 4 beds.
- South West Sydney: 136 providers: 66 home care providers; 66 residential care providers with a total of 7,156 available beds; 2 short-term restorative care providers with a total of 10 available beds; 2 transitional care providers with a total of 112 available beds.
- Western Sydney: 172 providers: 103 home care providers; 63 residential care providers with a total of 6,394 available beds; 3 short-term restorative care providers with a total of 20 available beds; 2 transitional care providers with a total of 102 available beds; 1 innovation pool provider with 5 beds.
- Northern Sydney: : 193 providers: 78 home care providers; 110 residential care providers with a total of 8,934 available beds; 2 short-term restorative care providers with a total of 15 available beds; 2 transitional care providers with a total of 108 available beds; 1 innovation pool provider with 5 beds.
- Inner West: 108 providers: 46 home care providers; 59 residential care providers with a total of 4,622 available beds; 2 short-term restorative care providers with a total of 21 available beds; 1 transitional care providers with a total of 90 available beds.
- South East Sydney: 200 providers: 89 home care providers; 105 residential care providers with a total of 8,669 available beds; 2 short-term restorative care providers with a total of 14 available beds; 5 transitional care providers with a total of 170 available beds. [note: 1 of these provided both home and residential care, and provided residential care and other services, hence the sum does not equal the total 200]

g. Population data source: 2016 Census of Population and Housing Data Set, 'INGP Indigenous Status by SA4 (UR) by AGE10P - Age in Ten Year Groups', Census Tablebuilder, Australian Bureau of Statistics.
Mainstream provider data source: Australian Institute of Health and Welfare, 'Aged care service list: 30 June 2019', Australian Government (online), accessed at: https://www.gen-agedcaredata.gov.au/Resources/Access-data/2019/September/Aged-care-service-list-30-June-2019
h. ACAT data: Commonwealth Department of Health, custom data request by NAGATSIAC, 2020
RAS data: Department of Health, 'Regional Assessment Service organisations by state and territory and region', Australian Government (online), accessed at: <https://www.health.gov.au/sites/default/files/documents/2020/01/regional-assessment-service-organisations-by-state-and-territory-and-region_0.pdf>
i. Australian Institute of Health and Welfare, 'Aged care service list: 30 June 2019', Australian Government (online), accessed at: https://www.gen-agedcaredata.gov.au/Resources/Access-data/2019/September/Aged-care-service-list-30-June-2019

Figure 2. Cont.

In regional NSW, 44% of total, eligible, non-Indigenous clients have access to 55.6% of providers. The aged care planning regions in regional NSW, and the number of service providers available in each are:

- Far North Coast: 100 providers: 48 home care providers; 49 residential care providers with a total of 3,715 available beds; 2 short-term restorative care providers with a total of 14 available beds; 3 transitional care providers with a total of 77 available beds. [note: 2 of these provided both home and residential care, and 2 provided residential care and other services, hence the sum does not equal the total 100]
- Mid North Coast: 120 providers: 64 home care providers; 53 residential care providers with a total of 4,439 available beds; 1 short-term restorative care provider with a total of 23 available beds; 3 transitional care providers with a total of 82 available beds. [note: 1 of these provided residential care and home care services, hence the sum does not equal the total 120]
- New England: 76 providers: 33 home care providers; 43 residential care providers with a total of 1,889 available beds; 1 short-term restorative care provider with a total of 4 available beds; 3 transitional care providers with a total of 38 available beds. [note: 7 of these provided residential care and other services, and 4 of these provided residential care and home care services, hence the sum does not equal the total 76]
- Orana Far West: 77 providers: 27 home care providers; 48 residential care providers with a total of 1,834 available beds; 1 short-term restorative care provider with a total of 8 available beds; 1 transitional care provider with a total of 8 available beds. [note: 7 of these provided residential care and other services, and 11 of these provided residential care and home care services, hence the sum does not equal the total 77]
- Hunter: 151 providers: 62 home care providers; 84 residential care providers with a total of 6,690 available beds; 3 short-term restorative care providers with a total of 17 available beds; 2 transitional care providers with a total of 107 available beds. [note: 2 of these provided residential care and other services, hence the sum does not equal the total 151]
- Central West: 71 providers: 24 home care providers; 42 residential care providers with a total of 2,207 available beds; 1 short-term restorative care provider with a total of 13 available beds; 1 transitional care provider with a total of 67 available beds; 1 innovation pool provider with 3 beds. [note: 4 of these provided both home and residential care, and 7 provided residential care and other services, hence the sum does not equal the total 71]
- Central Coast: 78 providers: 36 home care providers; 40 residential care providers with a total of 3,832 available beds; 1 short-term restorative care provider with a total of 17 available beds; 1 transitional care provider with a total of 115 available beds.
- Riverina/Murray: 115 providers: 48 home care providers; 67 residential care providers with a total of 3,117 available beds; 1 short-term restorative care provider with a total of 10 available beds; 2 transitional care providers with a total of 106 available beds. [note: 10 of these provided residential care and other services, and 3 provide residential and home care services, hence the sum does not equal the total 115]
- Southern Highlands: 72 providers: 34 home care providers; 38 residential care providers with a total of 2,311 available beds; 2 transitional care providers with a total of 63 available beds. [note: 2 of these provided residential care and other services, and 2 provide residential and home care services, hence the sum does not equal the total 72]
- Illawarra: 102 providers: 48 home care providers; 51 residential care providers with a total of 4,466 available beds; 1 short-term restorative care provider with a total of 10 available beds; 2 transitional care providers with a total of 85 available beds.
- Norfolk Island and Lord Howe Island: No Commonwealth data available.

Figure 3. Mainstream and Indigenous aged care assessors, service providers and eligible population in the Australian Capital Territory

At June 2019 there were: [a]

- 956 Indigenous Elders 50 years and over living in the ACT, and 2 ACCO aged care providers in the state (based on most recent census data from 2016)
- 49,672 non-Indigenous people 65 years and over old living in the ACT, and 72 mainstream aged care providers in the state.

Calculated as a ratio of the number of eligible people to the number of suitable providers in the state, there are

- 478 eligible Indigenous clients to each ACCO provider
- 690 eligible non-Indigenous clients to each mainstream provider.

These ratios shows that there are less ACCO providers, relative to the eligible client population (Elders) than there are mainstream providers relative to the non-Indigenous eligible client population. This suggests that Elders have less access to aged care services than their non-Indigenous counterparts. The overall number of ACCO providers is so much smaller than the number of mainstream providers (2 ACCOs compared to 72 mainstream) that, even given the very small size of the territory, this results in severely limited access for Elders despite the relatively good number of service providers compared to the mainstream market.

This means that the 956 Elders in the ACT have within reach:

- No ACCO RAS assessment service and no ACAT assessment service (i.e. for more extensive assessments / higher levels of care needs)[b]
- no residential provider
- 2 home care providers

In order to compare the mainstream population and market, the non-Indigenous data breaks down as follows.

The ACT is a single ACPR,[c] and the number of services available to the 49,672 total, eligible, non-Indigenous clients living in the ACT are:

- 2 RAS and 1 ACAT[d]
- 72 providers: 44 home care providers; 25 residential care providers with a total of 2,585 available beds; 2 short-term restorative care providers with a total of 20 available beds; 1 transitional care provider with a total of 58 available beds.

Sources for Figure 3 data:
a. Population data source: 2016 Census of Population and Housing Data Set, 'INGP Indigenous Status by SA4 (UR) by AGE10P - Age in Ten Year Groups', Census Tablebuilder, Australian Bureau of Statistics.
ACCO provider data source: Department of Health, 'Custom data request', Australian Government.
Mainstream provider data source: Australian Institute of Health and Welfare, 'Aged care service list: 30 June 2019', Australian Government (online), accessed at: https://www.gen-agedcaredata.gov.au/Resources/Access-data/2019/September/Aged-care-service-list-30-June-2019
b. NAGATSIAC, 2020
c. ACPR Maps: Department of Health, '2018 Aged Care Planning Region maps', Australian Government (online), accessed at https://www.health.gov.au/resources/collections/2018-aged-care-planning-region-maps
d. ACAT data: Commonwealth Department of Health, custom data request by NAGATSIAC, 2020
RAS data: Department of Health, 'Regional Assessment Service organisations by state and territory and region', Australian Government (online), accessed at: <https://www.health.gov.au/sites/default/files/documents/2020/01/regional-assessment-service-organisations-by-state-and-territory-and-region_0.pdf>

Figure 4. Mainstream and Indigenous aged care assessors, service providers and eligible population in Queensland

At June 2019 there were: [a]

- 29,214 Indigenous Elders 50 years and over living in Queensland, and 41 ACCO aged care providers in the state (based on most recent census data from 2016)
- 709,753 non-Indigenous people 65 years and over old living in Queensland, and 1,115 mainstream aged care providers in the state.

Calculated as a ratio of the number of eligible people to the number of suitable providers in the state, there are:

- 712 eligible Indigenous clients to each ACCO provider
- 636 eligible non-Indigenous clients to each mainstream provider.

These ratios shows that there are less ACCO providers, relative to the eligible client population (Elders) than there are mainstream providers relative to the non-Indigenous eligible client population. This suggests that Elders have less access to aged care services than their non-Indigenous counterparts. However, when taking into account the geographical area over which these ratios exist and how much smaller the overall numbers of ACCOs and Elders are, even lower access is evident. The overall number of ACCO providers is so much smaller than the number of mainstream providers (41 ACCOs compared to 1,121 mainstream) that, when distributed over the whole state, this results in severely limited access for Elders despite the *provider to clients* ratio suggesting adequate provision of services, and comparatively good provision of services compared to the mainstream market.

Of the 29,214 QLD Elders aged 50 years and over:[b]

- 7,900 or 27% live in Greater Brisbane alone (incl. offshore)
- 21,311 or 73% live in the rest of QLD (incl. no fixed address)

- 8,442 or 29% live in the Far North, North West, Central West, South West ACPRs[c] (Qld – Outback SA4 and Cairns SA4s)
- 2,513 or 8.6% live in the Northern ACPR (Townsville SA4)
- 1,330 or 4.6% live in the Mackay ACPR (Mackay – Isaac - Whitsunday SA4)
- 1,866 or 6.4% live in the Fitzroy ACPR (Central Qld SA4)
- 2,421 or 8.3% live in the Wide Bay ACPR
- 1,954 or 6.7% live in the Darling Downs ACPR (Darling Downs and Towoomba SA4s)
- 1,086 or 3.7% live in the Sunshine Coast ACPR
- 1,806 or 6.2% live in the Cabool ACPR (Moreton Bay North and South SA4s)
- 1,706 or 5.8% live in the West Moreton ACPR (Ipswich SA4)
- 1,319 or 4.5% live in the Logan River Valley ACPR (Logan – Beaudesert SA4)
- 1,531 or 5.2% live in the South Coast ACPR (Gold Coast SA4)
- 2,073 or 7% live in the Brisbane South ACPR (Brisbane Inner City, Brisbane East and Brisbane South SA4s)
- 998 or 3.4% live in the Brisbane North ACPR (Brisbane West and Brisbane North SA4s)
- 0 live offshore
- 175 or 0.6% have no fixed address

There is 1 ACCO RAS assessment service (IUIH is part of a RAS consortia itself and is subcontracted by 2 other mainstream RAS providers) and no ACCO ACAT assessment services (i.e. for more extensive assessments / higher levels of care needs) in QLD.

Supported by Blue Care, RAS attempted to develop a number of partnerships with ACCOs in QLD do deliver assessment services but the fees for assessment were too low for ACCO's to consider prioritising a partnership, so they did not progress.[d]

Sources for Figure 4 data:
a. 2016 Census of Population and Housing Data Set, 'INGP Indigenous Status by SA4 (UR) by AGE10P - Age in Ten Year Groups', Census Tablebuilder, Australian Bureau of Statistics.
Provider data source: Department of Health, 'Custom data request', Australian Government.
b. 2016 Census of Population and Housing Data Set, 'INGP Indigenous Status by SA4 (UR) by AGE10P - Age in Ten Year Groups', Census Tablebuilder, Australian Bureau of Statistics.
c. ACPR Maps: Department of Health, '2018 Aged Care Planning Region maps', Australian Government (online), accessed at <https://www.health.gov.au/resources/collections/2018-aged-care-planning-region-maps>
d. NAGATSIAC, 2020

Figure 4. Cont.

In the Far North, North West, Central West, South West ACPRs, 29% of total, eligible, Indigenous clients have access to 56% of providers:

- 23 providers: 18 home care providers; 6 residential care providers with a total of 88 available beds (2 in the Far North, 4 in the North West). [note: 1 of these provided both home and residential care and 3 provided both home and residential care, hence the sum does not equal the total 23]

In the Northern ACPR, 8.6% of total, eligible, Indigenous clients have access to 14.6% of providers:[e]

- 6 providers: 6 home care providers; 1 residential care providers with a total of 15 available beds. [note: 1 of these provided both home and residential care, hence the sum does not equal the total 6]

In the Mackay ACPR, 4.6% of total, eligible, Indigenous clients have access to 0% of providers.

In the Fitzroy 6.4% of total, eligible, Indigenous clients have access to 12% of providers:

- 5 home care providers

In the Wide Bay ACPR, 8.3% of total, eligible, Indigenous clients have access to 2.4% of providers:

- 1 home care provider

In the Darling Downs ACPR, 6.7% of total, eligible, Indigenous clients have access to 0% of providers.

In the Sunshine Coast ACPR, 3.7% of total, eligible, Indigenous clients have access to 0% of providers.

In the Cabool ACPR, 6.2% of total, eligible, Indigenous clients have access to 2.4% of providers:

- 1 home care provider

In the West Moreton ACPR, 5.8% of total, eligible, Indigenous clients have access to 0% of providers.

In the Logan River Valley ACPR, 4.5% of total, eligible, Indigenous clients have access to 4.8% of providers:

- 2 providers: 1 home care provider; 1 residential care providers with a total of 74 available beds.

In the South Coast ACPR, 5.2% of total, eligible, Indigenous clients have access to 0% of providers.

In the Brisbane South, 7% of total, eligible, Indigenous clients have access to 7.3% of providers:

- 3 providers: 1 home care provider; 2 residential care providers with a total of 38 available beds.

In the Brisbane North ACPR, 3.4% of total, eligible, Indigenous clients have access to 0% of providers.

In order to compare the mainstream population and market, the non-Indigenous data breaks down as follows.

Of the 709,753 QLD non-Indigenous people 65 years and over old living in Queensland:[f]

- 304,289 or 43% live in Greater Brisbane alone (incl. offshore and no fixed address)
- 405,464 or 57% live in the rest of QLD

- 42,532 or 6% live in the Far North, North West, Central West, South West ACPRs[c] (Qld – Outback SA4 and Cairns SA4s)
- 30,665 or 4.3% live in the Northern ACPR (Townsville SA4)
- 20,813 or 3% live in the Mackay ACPR (Mackay – Isaac - Whitsunday SA4)
- 28,344 or 4% live in the Fitzroy ACPR (Central Qld SA4)
- 68,548 or 9.7% live in the Wide Bay ACPR
- 48,602 or 6.8% live in the Darling Downs ACPR (Darling Downs and Towoomba SA4s)
- 72,159 or 10% live in the Sunshine Coast ACPR
- 66,961 or 9.4% live in the Cabool ACPR (Moreton Bay North and South SA4s)
- 38,325 or 5.4% live in the West Moreton ACPR (Ipswich SA4)
- 38,779 or 5.5% live in the Logan River Valley ACPR (Logan – Beaudesert SA4)
- 93,796 or 13.2% live in the South Coast ACPR (Gold Coast SA4)
- 101,759 or 14.3% live in the Brisbane South ACPR (Brisbane Inner City, Brisbane East and Brisbane South SA4s)
- 56,104 or 8% live in the Brisbane North ACPR (Brisbane West and Brisbane North SA4s)
- 45 live offshore
- 2,304 or 0.003% have no fixed address

Sources for Figure 4 data:
e. 2016 Census of Population and Housing Data Set, 'INGP Indigenous Status by SA4 (UR) by AGE10P - Age in Ten Year Groups', Census Tablebuilder, Australian Bureau of Statistics.
Provider data source: Department of Health, 'Custom data request', Australian Government.

Figure 4. Cont.

The number of RAS assessment service and ACAT assessment service (i.e. for more extensive assessments / higher levels of care needs) are:[f]

- 6 RAS and 2 ACAT in Brisbane
- 28 RAS and 12 ACAT in regional QLD

The aged care planning regions in QLD, and the number of services available in each are:[g]
In the Far North, North West, Central West, South West ACPRs, 6% of total, eligible, Indigenous clients have access to 10.6% of providers:

- 118 providers: 70 home care providers; 56 residential care providers with a total of 2,867 available beds; 2 short-term restorative care providers with a total of 42 available beds; 1 transitional care providers with a total of 38 available beds. [note: 11 of these provided both home and residential care, and 8 provided residential care and other services, hence the sum does not equal the total 118]

In the Northern ACPR, 4.3% of total, eligible, Indigenous clients have access to 5.8% of providers:[e]

- 65 providers: 37 home care providers; 26 residential care providers with a total of 1,942 available beds; 1 short-term restorative care providers with a total of 2 available beds; 1 transitional care providers with a total of 46 available beds. [note: 1 of these provided residential care and other services]

In the Mackay ACPR, 3% of total, eligible, Indigenous clients have access to 2.8% of providers:

- 31 providers: 21 home care providers; 10 residential care providers with a total of 897 available beds; 1 transitional care providers with a total of 25 available beds. [note: 1 of these provided both home and residential care, hence the sum does not equal the total 31]

In the Fitzroy 4% of total, eligible, Indigenous clients have access to 5.9% of providers:

- 66 providers: 40 home care providers; 29 residential care providers with a total of 1,533 available beds; 1 short-term restorative care providers with a total of 15 available beds; 1 transitional care providers with a total of 30 available beds. [note: 5 of these provided both home and residential care, hence the sum does not equal the total 66]

In the Wide Bay ACPR, 9.7% of total, eligible, Indigenous clients have access to 7.3% of providers:

- 81 providers: 42 home care providers; 40 residential care providers with a total of 2,625 available beds; 1 transitional care providers with a total of 56 available beds. [note: 2 of these provided both home and residential care, and 1 provided residential care and other services, hence the sum does not equal the total 81]

In the Darling Downs ACPR, 6.8% of total, eligible, Indigenous clients have access to 7.7% of providers:

- 86 providers: 43 home care providers; 45 residential care providers with a total of 2,783 available beds; 1 transitional care providers with a total of 52 available beds. [note: 3 of these provided both home and residential care, hence the sum does not equal the total 86]

In the Sunshine Coast ACPR, 10% of total, eligible, Indigenous clients have access to 9.8% of providers:

- 109 providers: 49 home care providers; 55 residential care providers with a total of 5,473 available beds; 4 short-term restorative care providers with a total of 50 available beds.

In the Cabool ACPR, 9.4% of total, eligible, Indigenous clients have access to 6.8% of providers:

- 76 providers: 37 home care providers; 38 residential care providers with a total of 3,835 available beds; 1 short-term restorative care providers with a total of 29 available beds.

In the West Moreton ACPR, 5.4% of total, eligible, Indigenous clients have access to 3.7% of providers:

- 42 providers: 26 home care providers; 15 residential care providers with a total of 1,254 available beds; 1 transitional care providers with a total of 36 available beds.

In the Logan River Valley ACPR, 5.5% of total, eligible, Indigenous clients have access to 4.4% of providers:

- 49 providers: 26 home care providers; 23 residential care providers with a total of 2,279 available beds.

In the South Coast ACPR, 13.2% of total, eligible, Indigenous clients have access to 9.8% of providers:

- 109 providers: 49 home care providers; 55 residential care providers with a total of 5,473 available beds; 4 short-term restorative care providers with a total of 50 available beds; 1 transitional care providers with a total of 96 available beds.

In the Brisbane South, 14.3% of total, eligible, Indigenous clients have access to 13.7% of providers:

- 153 providers: 79 home care providers; 72 residential care providers with a total of 6,552 available beds; 1 transitional care providers with a total of 146 available beds.

In the Brisbane North ACPR, 8% of total, eligible, Indigenous clients have access to 10.3% of providers.

- 115 providers: 70 home care providers; 44 residential care providers with a total of 4,620 available beds; 1 transitional care providers with a total of 140 available beds.

f. ACAT data: Commonwealth Department of Health, custom data request by NAGATSIAC, 2020
RAS data: Department of Health, 'Regional Assessment Service organisations by state and territory and region', Australian Government (online), accessed at: <https://www.health.gov.au/sites/default/files/documents/2020/01/regional-assessment-service-organisations-by-state-and-territory-and-region_0.pdf>
g. Population data: 2016 Census of Population and Housing Data Set, 'INGP Indigenous Status by SA4 (UR) by AGE10P - Age in Ten Year Groups', Census Tablebuilder, Australian Bureau of Statistics. Mainstream provider data source: Australian Institute of Health and Welfare, 'Aged care service list: 30 June 2019', Australian Government (online), accessed at: https://www.gen-agedcaredata.gov.au/Resources/Access-data/2019/September/Aged-care-service-list-30-June-2019

Figure 5. Mainstream and Indigenous aged care assessors, service providers and eligible population in the Northern Territory

At June 2019 there were: [a]

- 8,809 Indigenous Elders 50 years and over living in the NT, and 67 ACCO aged care providers in the state (based on most recent census data from 2016)
- 14,157 non-Indigenous people 65 years and over old living the NT, and 21 mainstream aged care providers in the state.

Calculated as a ratio of the number of eligible people to the number of suitable providers in the state, there are

- 131 eligible Indigenous clients to each ACCO provider
- 674 eligible non-Indigenous clients to each mainstream provider.

These ratios shows that there are significantly more ACCO providers, relative to the eligible client population (Elders) than there are mainstream providers relative to the non-Indigenous eligible client population. This suggests that Elders have significantly greater access to aged care services than their non-Indigenous counterparts. However, when taking into account the geographical area over which these ratios exist and how much smaller the overall numbers of ACCOs and Elders are, a different picture emerges. The overall number of ACCO providers is smaller than the number of mainstream providers (67 ACCOs compared to 21 mainstream). But both numbers are so small that, when distributed over the whole state, this results in severely limited access for Elders and non-Indigenous older Australians alike, despite the *provider to clients* ratio suggesting adequate provision of services for Elders, and comparatively good provision of services compared to the ACCO and mainstream markets in other states and territories (commonly averaging approx. 400 clients to 1 provider).

Of the 8,809 NT Elders aged 50 years and over:[b]

- 1,890 or 21% live in Greater Darwin alone (incl. offshore)
- 6,921 or 79% live in the rest of the NT (incl. no fixed address)

- 2,220 or 25% live in the Alice Springs ACPR[c]
- 539 or 6% live in the Barkly ACPR
- 1,280 or 15% live in Katherine ACPR
- 3,410 or 39% live in Darwin ACPR (incl. Tiwi Islands)
- 1,167 or 13% live in East Arnhem ACPR
- 192 or 2% have no fixed address

In the Alice Springs ACPR, 25% of total, eligible, Indigenous clients have access to 43% of providers:

- 29 providers: 25 home care providers; 8 residential care providers with a total of 218 available beds.

In the Barkly ACPR, 6% of eligible clients have access to 9% of providers:

- 6 providers: 1 home care provider; 16 residential care providers with a total of 25 available beds; 1 short-term restorative care provider with a total of 5 available beds; 1 transitional care providers with a total of 25 available beds. [note: 1 of these provided both home residential care, hence the sum does not equal the total 6]

In the Katherine ACPR, 15% of total, eligible, Indigenous clients have access to 24% of providers:

- 16 providers: 12 home care providers; 6 residential care providers with a total of 105 available beds. [note: 3 of these provided both home and other care, and 2 of these provided both home and residential care, hence the sum does not equal the total 16]

Sources for Figure 5 data:
a. 2016 Census of Population and Housing Data Set, 'INGP Indigenous Status by SA4 (UR) by AGE10P - Age in Ten Year Groups', Census Tablebuilder, Australian Bureau of Statistics.
Provider data source: Department of Health, 'Custom data request', Australian Government.
b. 2016 Census of Population and Housing Data Set, 'INGP Indigenous Status by SA4 (UR) by AGE10P - Age in Ten Year Groups', Census Tablebuilder, Australian Bureau of Statistics.
c. ACPR Maps: Department of Health, '2018 Aged Care Planning Region maps', Australian Government (online), accessed at https://www.health.gov.au/resources/collections/2018-aged-care-planning-region-maps

Figure 5. Cont.

In the Darwin ACPR, 39% of eligible clients have access to 19% of providers:

- 13 providers: 9 home care providers; 5 residential care providers with a total of 147 available beds; 1 short-term restorative care provider with a total of 5 available beds; 1 transitional care provider with a total of 25 available beds. [note: 2 of these provided both home and residential care, hence the sum does not equal the total 13]

In the East Arnhem ACPR, 13% of eligible clients have access to 5% of providers:

- 3 home care providers.

There is one RAS provider, Australian Regional and Remote Community Services (ARRCS), which has a partnerships with local ACCO, Ngaanyatjarra Pitjantjatjara Yankunytjatjara (NPY) Women's Council, to deliver culturally safe assessments to NT Elders. ARRCS operates in all NT ACPRs except Katherine. There are only no Aboriginal specific RAS or ACAT assessment services in the NT.

Figure 5. Cont.

In order to compare the mainstream population and market, the non-Indigenous data breaks down as follows.

Of the 14,157 non-Indigenous NT residents aged 65 years and over:[f]

- 10,324 or 73% live in Darwin (incl. no fixed address and offshore)
- 3,833 or 27% live in the rest of the NT.

- 1,880 or 13% live in the Alice Springs ACPR
- 202 or 1.5% live in the Barkly ACPR
- 927 or 6.5% live in Katherine ACPR
- 10,985 or 78% live in Darwin ACPR (incl. Tiwi Islands)
- 163 or 1% live in East Arnhem ACPR

The number of RAS assessment service and ACAT assessment service (i.e. for more extensive assessments / higher levels of care needs) are:[g]

- 2 RAS and 1 ACAT in Darwin
- 4 RAS and 3 ACAT in regional NT

There are 21 mainstream service providers in the NT.[h]

13% of total, eligible, non-indigenous clients live in the Alice Springs ACPR and have access to 29% of providers:

- 6 providers: 5 home care providers; no residential care providers; 1 short-term restorative care providers with a total of 2 available beds.

1.5% of total, eligible, non-indigenous clients live in the Barkly ACPR and have access to 0% of providers:

- No mainstream providers.

6.5% of total, eligible, non-indigenous clients live in the Katherine ACPR and have access to 14% of providers:

- 3 home care providers.

78% of total, eligible, non-indigenous clients live in the Darwin ACPR and have access to 47% of providers:

- 10 providers: 6 home care providers; 2 residential care providers with a total of 220 available beds; 1 short-term restorative care provider with a total of 10 available beds; 1 transitional care provider with a total of 29 available beds.

1% of total, eligible, non-indigenous clients live in the East Arnhem ACPR and have access to 10% of providers:

- 2 providers: 2 home care providers; 1 residential care provider with a total of 4 available beds. [note: 1 of these provided both home and residential care, hence the sum does not equal the total 2]

f. 2016 Census of Population and Housing Data Set, 'INGP Indigenous Status by SA4 (UR) by AGE10P - Age in Ten Year Groups', Census Tablebuilder, Australian Bureau of Statistics.
g. ACAT data: Commonwealth Department of Health, custom data request by NAGATSIAC, 2020
RAS data: Department of Health, 'Regional Assessment Service organisations by state and territory and region', Australian Government (online), accessed at: <https://www.health.gov.au/sites/default/files/documents/2020/01/regional-assessment-service-organisations-by-state-and-territory-and-region_0.pdf>
h. Australian Institute of Health and Welfare, 'Aged care service list: 30 June 2019', Australian Government (online), accessed at: https://www.gen-agedcaredata.gov.au/Resources/Access-data/2019/September/Aged-care-service-list-30-June-2019

Figure 6. Mainstream and Indigenous aged care assessors, service providers and eligible population in Western Australia

At June 2019 there were: [a]

- 11,946 Indigenous Elders 50 years and over living in WA, and 39 ACCO aged care providers in the state (based on most recent census data from 2016)
- 342,997 non-Indigenous people 65 years and over old living in WA, and 535 mainstream aged care providers in the state.

Calculated as a ratio of the number of eligible people to the number of suitable providers in the state, there are

- 306 eligible Indigenous clients to each ACCO provider
- 641 eligible non-Indigenous clients to each mainstream provider.

These ratios shows that there are more ACCO providers, relative to the eligible client population (Elders) than there are mainstream providers relative to the non-Indigenous eligible client population. This suggests that Elders have greater access to aged care services than their non-Indigenous counterparts. However, when taking into account the geographical area over which these ratios exist and how much smaller the overall numbers of ACCOs and Elders are, a very different picture emerges. The overall number of ACCO providers is so much smaller than the number of mainstream providers (39 ACCOs compared to 535 mainstream) that, when distributed over the whole state, this results in severely limited access for Elders despite the *provider to clients* ratio suggesting adequate provision of services, and comparatively good provision of services compared to the mainstream market.

Of the 11,946 WA resident Elders aged 50 years and over:

- 4,425 or 37% live in Perth
- 7,526 or 63% live in regional WA (incl. no fixed address and offshore).[b]

- 3,504 or 29% live in the Kimberly and Pilbara ACPRs (combined as SA4 region combines these areas to sort population)[c]
- 2,069 or 17% live in the Mid West and Goldfields ACPRs (combined as SA4 region combines these areas to sort population)
- 1,149 or 10% live in the Wheatbelt and Great Southern ACPRs (combined as SA4 region combines these areas to sort population)
- 673 or 6% live in the South West ACPR
- 1,846 or 15% live in the Metro North and Metro East ACPRs (combined as SA4 region combines these areas to sort population)
- 2,573 or 21% live in the Metro South East and South West ACPRs (combined as SA4 region combines these areas to sort population)
- 127 or 1% with no usual address (no evidence to assume which ACPR)

There are no Aboriginal specific RAS or ACAT assessment services in WA, and assessment services (RAS and ACAT) do not employ Aboriginal assessors or have partnerships with local ACCOs to deliver a culturally safe assessment. There is 1 ACCO, the South West Aboriginal Medical Servie (SWAMS), that has a very informal relationship with RAS for assessments, but that is dependent on the staff in the RAS role and RAS use the same tools and processes for all clients.

In the Kimberly and Pilbara ACPRs, 29% of total, eligible, Indigenous clients have access to 28% of providers:

- 11 providers: 6 home care providers; 6 residential care providers with a total of 136 available beds. [note: 1 of these provided both home and residential care, hence the sum does not equal the total 11]

In the Mid West and Goldfields ACPRs, 18% of total, eligible, Indigenous clients have access to 14% of providers:

- 5 providers: 4 home care providers; 2 residential care providers with a total of 96 available beds. [note: 1 of these provided both home and residential care, hence the sum does not equal the total 5]

Sources for Figure 6 data:
a. 2016 Census of Population and Housing Data Set, 'INGP Indigenous Status by SA4 (UR) by AGE10P - Age in Ten Year Groups', Census Tablebuilder, Australian Bureau of Statistics.
Provider data source: Department of Health, 'Custom data request', Australian Government.
b. 2016 Census of Population and Housing Data Set, 'INGP Indigenous Status by SA4 (UR) by AGE10P - Age in Ten Year Groups', Census Tablebuilder, Australian Bureau of Statistics.
c. ACPR Maps: Department of Health, '2018 Aged Care Planning Region maps', Australian Government (online), accessed at https://www.health.gov.au/resources/collections/2018-aged-care-planning-region-maps

Figure 6. Cont.

In the Wheatbelt and Great Southern ACPRs, 10% of total, eligible, Indigenous clients have access to 15% of providers:
- 6 providers: 2 home care providers; 4 residential care providers with a total of 209 available beds.

In the South West ACPR, 6% of eligible clients have access to 0% of providers:
In the Metro North and Metro East ACPRs, 15% of total, eligible, Indigenous clients have access to 15% of providers:
- 6 residential care providers with a total of 317 available beds.

In the Metro South East and South West ACPRs, 21% of total, eligible, Indigenous clients have access to 28% of providers:
- 11 providers: 4 home care providers; 7 residential care providers with a total of 460 available beds.

Figure 6. Cont.

In order to compare the mainstream population and market, the non-Indigenous data breaks down as follows.

Of the 342,997 WA non-Indigenous residents aged 65 years and over:[d]
- 267,870 or 78% live in Perth
- 75,125 or 22% live in regional WA (incl. no fixed address and offshore).

- 2,764 or 0.8% live in the Kimberly and Pilbara ACPRs (combined as SA4 region combines these areas to sort population)
- 14,736 or 4% live in the Mid West and Goldfields ACPRs (combined as SA4 region combines these areas to sort population)
- 26,675 or 8% live in the Wheatbelt and Great Southern ACPRs (combined as SA4 region combines these areas to sort population)
- 30,206 or 9% live in the South West ACPR
- 127,720 or 37% live in the Metro North and Metro East ACPRs (combined as SA4 region combines these areas to sort population)
- 140,146 or 41% live in the Metro South East and South West ACPRs (combined as SA4 region combines these areas to sort population)
- 740 or 0.2% have no usual address (no evidence to assumer ACPR)

The number of RAS assessment service and ACAT assessment service (i.e. for more extensive assessments / higher levels of care needs) are:[e]
- 6 RAS and 7 ACAT in Perth
- 1 RAS (operating in 8 ACPRs) and 8 ACAT in regional WA

In the Kimberly and Pilbara ACPRs, 0.8% of total, eligible, non-indigenous clients have access to 4% of providers:[f]
- 22 providers: 14 home care providers; 8 residential care providers with a total of 251 available beds.

In the Mid West and Goldfields ACPRs, 4% of total, eligible, non-indigenous clients have access to 6% of providers:
- 38 providers: 29 home care providers; 18 residential care providers with a total of 676 available beds; 1 short-term restorative care provider with a total of 10 available beds; 1 transitional care providers with a total of 15 available beds. [note: 11 of these provided both home and residential care, hence the sum does not equal the total 13]

In the Wheatbelt and Great Southern ACPRs, 8% of total, eligible, non-indigenous clients have access to 11% of providers:
- 60 providers: 39 home care providers; 39 residential care providers with a total of 1,187 available beds; 1 short-term restorative care provider with a total of 10 available beds; 1 transitional care providerswith a total of 15 available beds. [note: 20 of these provided both home and residential care, and 3 provided residential and other services, hence the sum does not equal the total 60]

In the South West ACPR, 9% of total, eligible, non-indigenous clients have access to 9% of providers:
- 47 providers: 29 home care providers; 20 residential care providers with a total of 1,247 available beds; 1 short-term restorative care provider with a total of 12 available beds; 1 transitional care provider with a total of 20 available beds. [note: 4 of these provided both home and residential care, hence the sum does not equal the total 47]

In the Metro North and Metro East ACPRs, 37% of total, eligible, non-indigenous clients have access to 34% of providers:
- 183 providers: 73 home care providers; 103 residential care providers with a total of 7,368 available beds; 3 short-term restorative care providers with a total of 42 available beds; 4 transitional care providers with a total of 241 available beds.

In the Metro South East and South West ACPRs, 41% of total, eligible, non-indigenous clients have access to 34% of providers:
- 183 providers: 81 home care providers; 96 residential care providers with a total of 7,552 available beds; 3 short-term restorative care providers with a total of 44 available beds; 2 transitional care providers with a total of 115 available beds; 1 innovation pool provider with 6 beds.

d. 2016 Census of Population and Housing Data Set, 'INGP Indigenous Status by SA4 (UR) by AGE10P - Age in Ten Year Groups', Census Tablebuilder, Australian Bureau of Statistics.
e. ACAT data: Commonwealth Department of Health, custom data request by NAGATSIAC, 2020
RAS data: Department of Health, 'Regional Assessment Service organisations by state and territory and region', Australian Government (online), accessed at: <https://www.health.gov.au/sites/default/files/documents/2020/01/regional-assessment-service-organisations-by-state-and-territory-and-region_0.pdf>
f. Australian Institute of Health and Welfare, 'Aged care service list: 30 June 2019', Australian Government (online), accessed at: https://www.gen-agedcaredata.gov.au/Resources/Access-data/2019/September/Aged-care-service-list-30-June-2019

Figure 7. Mainstream and Indigenous aged care assessors, service providers and eligible population in South Australia

At June 2019 there were: [a]
- 5,714 Indigenous Elders 50 years and over living in SA, and 10 ACCO aged care providers in the state (based on most recent census data from 2016)
- 305,010 non-Indigenous people 65 years and over old living in SA, and 438 mainstream aged care providers in the state.

Calculated as a ratio of the number of eligible people to the number of suitable providers in the state, there are
- 571 eligible Indigenous clients to each ACCO provider
- 687 eligible non-Indigenous clients to each mainstream provider.

These ratios shows that there are more ACCO providers, relative to the eligible client population (Elders) than there are mainstream providers relative to the non-Indigenous eligible client population. This suggests that Elders have greater access to aged care services than their non-Indigenous counterparts. However, when taking into account the geographical area over which these ratios exist and how much smaller the overall numbers of ACCOs and Elders are, a very different picture emerges. The overall number of ACCO providers is so much smaller than the number of mainstream providers (10 ACCOs compared to 444 mainstream) that, when distributed over the whole state, this results in severely limited access for Elders despite the *provider to clients* ratio suggesting adequate provision of services, and comparatively good provision of services compared to the mainstream market.

Of the 5,714 SA Elders aged 50 years and over:[b]
- 2,836 or 49.6% live in Greater Adelaide alone (incl. offshore)
- 2,874 or 50.2% live in the rest of SA (incl. no fixed address)

- 1,505 or 26% live in the Flinders and Far North and Eyre Peninsula ACPRs[c]
- 50,932 or 9% live in the Mid North and Yorke Lower North and Barossa ACPRs
- 836 or 15% live in the Riverland, Hills, Mallee and Southern, and South East ACPRs
- 1,216 or 21% live in the Metro North ACPR
- 636 or 11% live in the Metro South ACPR
- 336 or 6% live in the Metro East ACPR
- 654 or 11% live in the Metro West ACPR
- 41 or 0.7% have no fixed address or offshore

In the Flinders and Far North and Eyre Peninsula ACPRs, 26% of total, eligible, Indigenous clients have access to 70% of providers:
- 7 providers: 7 home care providers; 4 residential care providers with a total of 86 available beds. [note: 4 of these provided both home and residential care, and 1 provided residential care and other services, hence the sum does not equal the total 7]

In the Mid North and Yorke Lower North and Barossa ACPRs, 9% of total, eligible, Indigenous clients have access to 0% of providers:
- 0 providers

In the Riverland, Hills, Mallee and Southern, and South East ACPRs, 10% of total, eligible, Indigenous clients have access to 10% of providers:
- 1 home care provider

In the Metro North ACPR, 21% of total, eligible, Indigenous clients have access to 10% of providers:
- 1 residential care provider with a total of 33 available beds.

In the Metro South ACPR, 11% of total, eligible, Indigenous clients have access to 0% of providers:
- 0 providers

In the Metro East ACPR, 6% of total, eligible, Indigenous clients have access to 0% of providers:
- 0 providers

In the Metro West ACPR, 11% of total, eligible, Indigenous clients have access to 10% of providers:
- 1 home care provider .

There are no ACCO providers in the Mid North, Yorke Lower North and Barossa, Riverland, Hills, Mallee and Southern, South East, Metro South, and Metro East ACPRs. There are 1,466 eligible clients living in these ACPR's.[e] That is 26% of eligible clients living in an ACPR with no ACCO providers at all.

There is only one ACCO RAS assessment service in SA, the NPY Women's Council, who provides RAS on the APY Lands. NPY are sub-contracted by an Adelaide based RAS, Uniting Communities. There are no ACCO ACAT assessment services (i.e. for more extensive assessments / higher levels of care needs) as all ACATs in SA are part of SA Health.

Sources for Figure 7 data:
a. 2016 Census of Population and Housing Data Set, 'INGP Indigenous Status by SA4 (UR) by AGE10P - Age in Ten Year Groups', Census Tablebuilder, Australian Bureau of Statistics.
Provider data source: Department of Health, 'Custom data request', Australian Government.
b. 2016 Census of Population and Housing Data Set, 'INGP Indigenous Status by SA4 (UR) by AGE10P - Age in Ten Year Groups', Census Tablebuilder, Australian Bureau of Statistics.
c. ACPR Maps: Department of Health, '2018 Aged Care Planning Region maps', Australian Government (online), accessed at <https://www.health.gov.au/resources/collections/2018-aged-care-planning-region-maps>

Figure 7. Cont.

In order to compare the mainstream population and market, the non-Indigenous data breaks down as follows.

Of the 305,010 non-Indigenous SA residents aged 65 years and over:[d]

- 223,056 or 73% live in Adelaide (incl. no fixed address and offshore)
- 81,954 or 27% live in regional Victoria.

- 13,499 or 4.4% live in the Flinders and Far North and Eyre Peninsula ACPRs[e]
- 25,295 or 8.3% live in the Mid North and Yorke Lower North and Barossa ACPRs
- 43,150 or 14.1% live in the Riverland, Hills, Mallee and Southern, and South East ACPRs
- 62,839 or 20.6% live in the Metro North ACPR
- 65,253 or 21.4% live in the Metro South ACPR
- 53,448 or 17.5% live in the Metro East ACPR
- 41,167 or 13.5% live in the Metro West ACPR
- 434 or 0.1% have no fixed address or offshore

Of the 438 service providers in SA:[f]

- 274 are in metro Adelaide: 156 residential care providers with a total of 13,606 available beds, 107 home care providers, 7 short-term restorative care with 47 beds, 3 transition care with 257 beds; 1 innovation pool provider with 10 beds.
- 164 are in regional SA: 109 residential care providers with a total of 4,769 available beds, 47 home care providers, 1 transition care with 94 beds, 1 innovation pool provider with 6 beds. [note: 4 of these provided both home and residential care, and 22 provided residential care and other services, hence the sum does not equal the total 164]

The number of RAS assessment service and ACAT assessment service (i.e. for more extensive assessments / higher levels of care needs) are:[g]

- 12 RAS and 3 ACAT in Adelaide
- 11 RAS and 5 ACAT in regional SA

In the Flinders and Far North and Eyre Peninsula ACPRs, 4.4% of total, eligible, non-indigenous clients have access to 7% of providers:

- 30 providers: 13 home care providers; 20 residential care providers with a total of 658 available beds. [note: 3 of these provide both home and residential care, and 10 provide residential care and other services, hence the sum does not equal the total 30]

In the Mid North and Yorke Lower North and Barossa ACPRs, 8.3% of total, eligible, non-indigenous clients have access to 14% of providers:

- 63 providers: 83 home care providers; 44 residential care providers with a total of 1,881 available beds. [note: 4 of these provide residential care and other services, hence the sum does not equal the total 63]

In the Riverland, Hills, Mallee and Southern, and South East ACPRs, 14.1% of total, eligible, non-indigenous clients have access to 16% of providers:

- 71 providers: 14 home care providers; 55 residential care providers with a total of 2,814 available beds; 1 transitional care provider with a total of 94 available beds; 1 innovation pool provider with 6 beds. [note: 8 of these provide both home and residential care, and 1 provide residential care and other services, hence the sum does not equal the total 71]

In the Metro North ACPR, 20.6% of total, eligible, non-indigenous clients have access to 9% of providers:

- 41 providers: 14 home care providers; 41 residential care providers with a total of 3,586 available beds; 2 short-term restorative care providers with a total of 5 available beds; 1 transitional care provider with a total of 73 available beds; 1 innovation pool provider with 10 beds.

In the Metro South ACPR, 21.4% of total, eligible, non-indigenous clients have access to 14% of providers:

- 60 providers: 16 home care providers; 42 residential care providers with a total of 4,086 available beds; 1 short-term restorative care provider with a total of17available beds; 1 transitional care provider with a total of 80 available beds.

In the Metro East ACPR, 17.5% of total, eligible, non-indigenous clients have access to 21% of providers:

- 91 providers: 47 home care providers; 41 residential care providers with a total of 3,050 available beds; 3 short-term restorative care providers with a total of 16 available beds.

In the Metro West ACPR, 13.5% of total, eligible, non-indigenous clients have access to 15% of providers:

- 65 providers: 30 home care providers; 32 residential care providers with a total of 2,884 available beds; 2 short-term restorative care providers with a total of 9 available beds; 2 transitional care providers with a total of 100 available beds.

d. 2016 Census of Population and Housing Data Set, 'INGP Indigenous Status by SA4 (UR) by AGE10P - Age in Ten Year Groups', Census Tablebuilder, Australian Bureau of Statistics.
e. ACPR Maps: Department of Health, '2018 Aged Care Planning Region maps', Australian Government (online), accessed at https://www.health.gov.au/resources/collections/2018-aged-care-planning-region-maps
f. Australian Institute of Health and Welfare, 'Aged care service list: 30 June 2019', Australian Government (online), accessed at: https://www.gen-agedcaredata.gov.au/Resources/Access-data/2019/September/Aged-care-service-list-30-June-2019
g. ACAT data: Commonwealth Department of Health, custom data request by NAGATSIAC, 2020
RAS data: Department of Health, 'Regional Assessment Service organisations by state and territory and region', Australian Government (online), accessed at: <https://www.health.gov.au/sites/default/files/documents/2020/01/regional-assessment-service-organisations-by-state-and-territory-and-region_0.pdf>

Figure 8. Mainstream and Indigenous aged care assessors, service providers and eligible population in Tasmania

At June 2019 there were: [a]

- 4,622 Indigenous Elders 50 years and over living in Tasmania, and 8 ACCO aged care providers in the state (based on most recent census data from 2016)
- 97,299 non-Indigenous people 65 years and over old living in Tasmania, and 173 mainstream aged care providers in the state.

Calculated as a ratio of the number of eligible people to the number of suitable providers in the state, there are

- 578 eligible Indigenous clients to each ACCO provider
- 562 eligible non-Indigenous clients to each mainstream provider.

These ratios shows that there are very slightly more ACCO providers, relative to the eligible client population (Elders) than there are mainstream providers relative to the non-Indigenous eligible client population. This suggests that Elders have equal access to aged care services than their non-Indigenous counterparts. However, when taking into account the geographical area over which these ratios exist and how much smaller the overall numbers of ACCOs and Elders are, a very different picture emerges. The overall number of ACCO providers is so much smaller than the number of mainstream providers (8 ACCOs compared to 173 mainstream) that, when distributed over the whole state, this results in severely limited access for Elders despite the *provider to clients* ratio suggesting adequate provision of services, and comparatively good provision of services compared to the mainstream market.

Of the 4,622 Tasmanian Elders aged 50 years and over:[b]

- 1,524 or 33% live in Greater Hobart alone (incl. no fixed address and offshore)
- 3,099 or 67% live in the rest of Tasmania.

- 889 or 19% live in the Northern ACPR[c] (incl. Launceston)
- 1,619 or 35% live in the North Western ACPR
- 2,117 or 46% live in Southern ACPR (incl. Hobart)

In the Northern ACPR, 19% of total, eligible, Indigenous clients have access to 37.5% of providers:

- 3 home care providers.

In the North Western ACPR, 35% of total, eligible, Indigenous clients have access to 12.5% of providers:

- 1 home care provider.

In the Southern ACPR, 46% of total, eligible, Indigenous clients have access to 50% of providers:

- 4 home care providers (all in Hobart, none in the rest of the ACRP).

In Greater Hobart alone, 33% of total, eligible, Indigenous clients have access to 50% of providers:

- 4 home care providers

Tasmanian eligible clients have no access at all to ACCO residential care providers, short-term restorative care providers; 1 transitional care providers, or innovation pool providers.

There are only no Aboriginal specific RAS or ACAT assessment services in Tasmania, there is no record of any assessment services (RAS and ACAT) employing Aboriginal assessors, and no assessment services (RAS and ACAT) have partnerships with local ACCOs to deliver a culturally safe assessment.[d]

Sources for Figure 8 data:
a. 2016 Census of Population and Housing Data Set, 'INGP Indigenous Status by SA4 (UR) by AGE10P - Age in Ten Year Groups', Census Tablebuilder, Australian Bureau of Statistics.
Provider data source: Department of Health, 'Custom data request', Australian Government.
b. 2016 Census of Population and Housing Data Set, 'INGP Indigenous Status by SA4 (UR) by AGE10P - Age in Ten Year Groups', Census Tablebuilder, Australian Bureau of Statistics.
c. ACPR Maps: Department of Health, '2018 Aged Care Planning Region maps', Australian Government (online), accessed at https://www.health.gov.au/resources/collections/2018-aged-care-planning-region-maps
d. NAGATSIAC, 2020

Figure 8. Cont.

In order to compare the mainstream population and market, the non-Indigenous data breaks down as follows.

Of the 97,299 non-Indigenous Tasmanians aged 65 years and over:[e]

- 27,970 or 28.7% live in the Northern ACPR (incl. Launceston)
- 22,120 or 22.7% live in the North Western ACPR
- 47,204 or 48.5% live in Southern ACPR (incl. Hobart)
- 39,221 or 40.4% live in Great Hobart alone (incl. no fixed address and offshore)

Of the 173 service providers in Tasmania:[f]

- 88 are in Southern ACPR (incl. Hobart)
- 87 are in the Northern (51) and North Western (34) ACPRs combined.

The number of RAS assessment service and ACAT assessment service (i.e. for more extensive assessments / higher levels of care needs) are:[g]

- 1 ACAT in Hobart
- 2 ACAT in regional TAS
- 2 RAS in each of the 3 ACRPs (6 in total)

In the Southern ACPR, which includes Hobart, 48.5% of total, eligible, non-indigenous clients have access to 50% of providers:[h]

- 88 providers: 51 home care providers; 34 residential care providers with a total of 2,496 available beds; 2 short-term restorative care providers with a total of 12 available beds; 1 transitional care providers with a total of 54 available beds; 1 innovation pool provider with 2 beds. [note: 1 of these provided both home and residential care, hence the sum does not equal the total 51]

In the North Western ACPR, 22.7% of total, eligible, non-indigenous clients have access to 20% of providers:

- 51 providers: 26 home care providers; 25 residential care providers with a total of 1,547 available beds; 1 short-term restorative care provider with a total of 3 available beds; 1 transitional care providers with a total of 30 available beds.

In the Northern ACPR, which includes Launceston, 28.7% of total, eligible, non-indigenous clients have access to 30% of providers:

- 34 providers: 16 home care providers; 16 residential care providers with a total of 1,148 available beds; 1 short-term restorative care provider with a total of 5 available beds; 1 transitional care provider with a total of 25 available beds.

e. 2016 Census of Population and Housing Data Set, 'INGP Indigenous Status by SA4 (UR) by AGE10P - Age in Ten Year Groups', Census Tablebuilder, Australian Bureau of Statistics.
f. Australian Institute of Health and Welfare, 'Aged care service list: 30 June 2019', Australian Government (online), accessed at: https://www.gen-agedcaredata.gov.au/Resources/Access-data/2019/September/Aged-care-service-list-30-June-2019
g. ACAT data: Commonwealth Department of Health, custom data request by NAGATSIAC, 2020
h. Department of Health, 'Regional Assessment Service organisations by state and territory and region', Australian Government (online), accessed at: <https://www.health.gov.au/sites/default/files/documents/2020/01/regional-assessment-service-organisations-by-state-and-territory-and-region_0.pdf>
i. ACPR Maps: Department of Health, '2018 Aged Care Planning Region maps', Australian Government (online), accessed at <https://www.health.gov.au/resources/collections/2018-aged-care-planning-region-maps>